Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA HANDBOOK 1202.1
Transmittal Sheet
Xx,xx, 2002

MEDICAL RESEARCH SERVICE
MERIT REVIEW AWARD PROGRAM HANDBOOK

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook clarifies policy and establishes procedures for the Medical Research Service (MRS) Merit Review Award Program.

2. SUMMARY OF MAJOR CHANGES: This Handbook represents a complete revision of existing policy.

3. RELATED DIRECTIVE: VHA Directive 1202 to be issued.

4. RESPONSIBLE OFFICE: The Office of Research and Development, Medical Research Service (121) is responsible for the contents of this VHA Handbook.

5. RESCISSION: This VHA Handbook rescinds R&D IL 12-97-008 and M-3, Part II, Chapters 4-6.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working date of June 2007.

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Under Secretary for Health

DISTRIBUTION: CO: E-mailed xx/xx/02
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed xx/xx/02

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MEDICAL RESEARCH SERVICE
MERIT REVIEW AWARD PROGRAM HANDBOOK

1. PURPOSE: This Veterans Health Administration (VHA) Handbook provides policy and guidelines related to the Medical Research Service (MRS) Merit Review Award Program (MERIT) and instructions for submission of MERIT proposals.

2. BACKGROUND: The MRS MERIT is the principal mechanism for funding investigator-initiated research by VA scientists to conduct fundamental biomedical and behavioral studies of disorders and diseases of importance to the health of veterans. It is an intramural program, supporting research conducted by eligible VA investigators at VA medical centers or VA-approved sites. Subcommittees of the Medical Research Service Merit Review Committee review applications for funding and provide, to MRS, evaluations of the scientific and technical quality of the research applications, as well as recommendations for budgets and funding duration.

3. SCOPE: MERIT is intended for fully trained independent investigators. It is not a training program. The Medical Research Entry Program (MREP), which has a training component, is described in a separate handbook (VHA Handbook 1202.2).

a. Independence means the principal investigator (PI), (the individual who actually conducts an investigation, i.e., under whose immediate direction research is conducted, or, in the event of an investigation conducted by a team of individuals, is the responsible leader of that team) is competent to develop and direct a research project without the supervision of a mentor.

b. Evidence of independent research includes previous training and/or experience in research and research productivity as demonstrated by attaining independent grant support and/or refereed publications, especially first/senior author publications in the field of the proposed research.

c. Paragraph 5 defines the requirements for participation in MERIT and provides instructions for the preparation and submission of proposals. MERIT has two programs that have additional application requirements. The Epidemiological Research Program MERIT (EPIM) is discussed in Paragraph 6 and Clinical Research Program MERIT (CLIM) is discussed in Paragraph 7. EPIM and CLIM require an approved Letter of Intent (LOI) prior to submission of an application. If there is a possibility that the proposal fits the EPIM or CLIM guidelines, consult Paragraph 6 or 7. Paragraph 8 describes the process MRS uses to review the scientific quality of proposals.

4. QUESTIONS AND INQUIRIES: Inquiries related to MERIT submissions may be directed to MRS. The PI may contact a MRS Program Specialist with questions specifically related to the research proposed or to be proposed in the application. The Associate Chief of Staff for Research and Development (ACOS/R&D) should make the contacts with other MRS staff.

5. MERIT REVIEW APPLICATIONS

***Note**: Unless specified, the policies and procedures described in Paragraph 5 apply to all MERIT proposals including EPIM and CLIM proposals.*

1. ELIGIBILITY TO SUBMIT A MERIT REVIEW PROGRAM PROPOSAL: Each proposal will have one PI who must be eligible to submit a MERIT proposal. A PI shall hold a M.D., Ph.D., or equivalent doctoral degree in medical, biological, or behavioral sciences. Co-PIs are not allowed. The Director, MRS, may grant exceptions to this policy for compelling reasons.

a. Because the Merit Review program is an intramural program, it only funds research conducted by VA investigators at VA medical centers or VA-approved sites. Eligibility to submit proposals to other Office of Research and Development (ORD) services, i.e., Health Services Research and Development (HSR&D), Rehabilitation Research and Development (RR&D) or the Cooperative Studies Program (CSP), does not automatically confer eligibility to submit to MRS.

b. To be eligible to submit MERIT proposals to MRS, the PI shall have at least a five-eighths (5/8ths) time appointment at the time the MERIT is funded**.** If the PI's appointment is to start at the time of funding, the Medical Center Director's letter must contain a statement indicating that the Director agrees to employee the PI at least 5/8ths time. An exception to the eligibility requirements may be granted by the Chief Research and Development Officer (refer to VHA Handbook 1200.15).

c. In addition to meeting eligibility requirements, all new non-clinician PIs must be accepted into the MRS intramural research program. A new PI is one who has not had MERIT, CLIM or EPIM program funding during the past 5 years.

(1) Because the Merit Review Entry Program (MREP) is a training program, a non-clinician wishing to submit a MERIT proposal subsequent to a MREP award is also considered a new PI. A request for acceptance into the intramural research program shall be submitted at least 4 months prior to the MERIT application receipt deadline (see Appendix G for instructions).

(2) Non-clinician investigators shall inform MRS of any change in laboratory location, geographic commitment, paid 8^{ths}, or VA employment status. Non-clinician PIs wishing to transfer their research programs to a new facility must send an acceptance request through the new facility.

2. LOCATION OF LABORATORY: It is expected that the PI and VA co-investigators will perform all of the proposed research in VA space or VA leased space. If the PI or VA co-investigators have any other laboratory space and will perform any portion of the proposed research in that space, a waiver to perform the research off-site must be obtained.

a. Application for an off-site waiver shall be requested at least 4 months prior to the MERIT application receipt deadline.

b. Although the use of leased space does not require an off-site waiver, the Office of Research and Development must approve a plan for local VA oversight of the research activities performed in the leased space. (refer to VHA Handbook 1200.16).

3. PROPOSAL RESTRICTIONS: The MERIT award is not intended to be the only source of support for investigators. The PI is encouraged to seek additional funding from other services of the Office of Research and Development (ORD) other agencies of the Federal Government and other public and private funding sources. A PI may have only one active MERIT from MRS and typically, each investigator may submit only one MERIT proposal for any review cycle.

a. There are exceptions to this single project rule. An investigator may have a second MRS MERIT award in response to special requests for proposals (RFP). In addition, EPIM and CLIM programs are exceptions to the single project rule. At any point in time, an investigator may have no more than 2 MERIT awards (combination of regular and special programs) from MRS. For purposes of the single project rule, Centers and Research Enhancement Award Programs (REAP) are not considered MERITs.

b. A proposal submitted to MRS may not be submitted simultaneously to any other component of ORD (RR&D, HSR&D, or CSP).

4. BUDGET AND DURATION OF MERIT AWARDS

a. **Budget**. A MERIT proposal shall require a budget of at least $50,000 per year, exclusive of equipment and non-clinician PI salary, and at least 2 years duration to complete the proposed research. Currently, MERIT budgets are capped at an annual cost of $150,000 excluding non-clinician PI salary and equipment. MERIT equipment requests may not exceed a total of $50,000. Rare exceptions to the caps are granted for compelling circumstances, which are evaluated through the REQUEST process detailed in Appendix F. Requests to exceed either the annual budget or equipment limit may be sent at any time but must be received by February 21 and by August 21 for June 21 and December 21 application receipt deadlines respectively. Requests received after these deadlines will be reviewed for the subsequent round.

b. **Duration**. Guidelines for award duration are based on past award history and experience of the PI as a nationally peer-reviewed principal investigator.

(1) Applicants who will have, by the proposed start of the award, less than 3 years MERIT funding or other nationally peer-reviewed, non-mentored funding may request a 2 or 3-year duration.

(2) Applicants who will have a minimum of 3 years previous MERIT or equivalent nationally peer-reviewed, non-mentored funding by the proposed start of the award may request a duration of 2 to 4 years.

(3) Applicants with a minimum of six years previous MERIT or equivalent nationally peer-reviewed, non-mentored nationally peer-reviewed funding by the proposed start of the award may request a duration of 2 to 5 years.

(4) Proposals that do not conform to these guidelines must contain detailed justification for the requested award duration in the concurrence memorandum from the Chair, Research and Development Committee (R&D).

5. PREPARING THE APPLICATION: Submission of all applications for new, revised, or renewal MERITs are due in VA Central Office (VACO) December 21 for October 1 funding and June 21 for April 1 funding. Deadlines and detailed procedures for preparing the application are listed in Appendix A.

a. Additional requirements and supplemental instructions for EPIM are explained in Paragraph 6 and in Paragraph 7 for CLIM. Both EPIM and CLIM require LOIs, which may be sent at any time, but must be received by February 21 and by August 21 for June 21 and December 21 application receipt deadlines respectively. LOIs received after these deadlines will be reviewed for the subsequent round.

b. The PI should give careful attention to the instructions because an application that fails to meet MRS requirements may be withdrawn without review. A properly prepared document that follows the requirements and guidelines facilitates both the administrative processing and peer review of the proposal. No additional or replacement information will be accepted after submission of the proposal unless requested by the Program Review Division. The only exception is official letters of acceptance for publication for manuscripts submitted by the PI may be sent to the Program Review section at any time.

c. All MERIT proposals shall be evaluated and approved by the local VA medical center R&D Committee and approved by the Director of the medical center prior to submission to VACO. Proposals submitted to VACO without documentation of proper local review will be withdrawn without review.

d. Two weeks prior to the application deadline (i.e., December 7 or June 7), the local research service shall forward, through the PROMISE system, to the Research and Development Computing Center (RDCC) the names of all investigators intending to submit proposals. The receipt date will be waived only in compelling circumstances and any waiver must be obtained in advance from the Program Review Division. If a proposal is withdrawn, the Program Review Division must be notified promptly by telephone with a written follow-up.

e. Appendix A has instructions for preparing MERIT proposals. Supplemental instructions for EPIM and CLIM applications are in Appendices B and C respectively.

6. PROPOSAL REVIEW: Subcommittees of the MRS Merit Review Committee evaluate MERIT proposals. Proposal review is described in Paragraph 8 of this Handbook.

7. APPEALS: MRS has a formal process to appeal the recommendation of a Merit Review Subcommittee. The appeals process is intended to ensure that the scientific review of all proposals is fair and equitable. It is not intended as a means to resolve differences in scientific opinion between the applicant and the reviewers, to adjust funding decisions, or to circumvent the peer review process. The basis for an appeal and the procedure for submitting an appeal are detailed in Appendix I. If a PI submits a revised application and an appeal of the previous application is subsequently sustained and funded, the revised application will be administratively withdrawn. If the revised application receives a fundable score and the appeal is sustained and fundable, the single project rule applies, and only one of the two projects will be funded.

8. RESEARCH INTEGRITY: MRS is committed to the highest standards for the ethical conduct of research. Maintenance of high ethical standards requires that VA medical centers and investigators applying for and receiving MERIT awards have appropriate procedures to preclude the occurrence of unethical research practices. All research data shall be retained for 5 years after completion of a research project.

a. The PI and others associated with the research must subscribe to accepted standards of rational experimental research design, accurate data recording, unbiased reporting of data, respect for the intellectual property of other investigators, adherence to established ethical codes, legal standards for the protection of human and animal subjects, and proper management of research funds.

b. Deliberate falsification or misrepresentation of research data will result in withdrawal of an application, possible suspension or termination of an award, and potentially, suspension of the investigator's rights to submit proposals to MRS.

9. ACKNOWLEDGING VA RESEARCH SUPPORT: By accepting a MERIT award, the PI agrees to properly acknowledge VA on all public reports and presentations (see VHA Handbook 1200.19). Failure to acknowledge VA affiliation and support may result in termination of the award.

10. INTELLECTUAL PROPERTY RIGHTS: By accepting a MERIT award the PI agrees to comply with VA policies regarding intellectual property disclosure obligations and Federal Government ownership rights resulting from the proposed work (see VHA Handbook 1200.18).

11. RENEWAL OF AWARDS: The deadline for receipt of the renewal application in VACO can be found on the monthly Budget Allocation Report in the Office of the ACOS/R&D.

a. To provide for continuity of funding, MRS will accept renewal applications for review one round prior to the deadline. For example, if the renewal application deadline is June 21, 2005, MRS will accept a renewal application on December 21, 2004. This allows the investigator to submit an application and one revision (if the renewal is not funded) without experiencing a funding gap. If the early submission is approved for funding, the new program start date will be delayed until the conclusion of the currently funded program.

b. MRS discourages submitting renewal applications more than one round early (in the example above, submitting an application June 21, 2004 or earlier). Submitting more than one round early may jeopardize continued funding and the investigator should carefully consider the consequences. If the new submission is approved for funding, it will replace the ongoing program and there will be no funding gap. If the early submission is disapproved or approved but not funded, the currently funded program will terminate at the end of September or March; 9 months after the receipt date of the early submission.

12. CONTINUATION OF NON-CLINICIAN PI EMPLOYMENT

a. Funding for a non-clinician Ph.D. PI's appointment may be continued for 1 year beyond the termination date of the investigator's funded MERIT or EPIM project provided the investigator:

(1) Remains employed by VA,

(2) Continues to meet all deadlines for applying for MERIT funding, and

(3) Continues to participate in the overall research effort at the facility.

b. Funding for the employment of the non-clinician PI of a CLIM shall terminate on the funding termination date, as the award is not renewable.

13. CHANGE IN THE LOCATION OF THE PI: If the PI of a funded MERIT project transfers to another VA medical center:

a. The new medical center R&D Committee (and appropriate subcommittees) must evaluate and approve the project. The new medical center must initiate a request to transfer the project.

(1) The request shall cite the committee approval dates, the PI's employment status (to ensure eligibility), and the location of the PI's laboratory at the VA.

(2) If needed, an eligibility and/or off-site waiver shall be obtained prior to submitting a transfer request. The non-clinician Ph.D. must request acceptance into the MRS intramural program based upon the person's proposed activities at the new site.

(3) All correspondence regarding change in location of the PI should be addressed to the Director, Medical Research Service (121). Director, MRS must approve the change in location.

14. CHANGE IN PI: MRS discourages requests to change the PI. In rare cases, MRS will consider a request to transfer an ongoing MERIT award from the current PI to a new PI at the same VA medical center for a period not to exceed 1 year. The MERIT project of a PI who is newly approved (funded for less than 1 year) may only be transferred to a co-investigator assigned to the project.

a. It is expected that during the one-year transfer period, the new PI will submit a renewal application for merit review.

b. The request to transfer the PI shall include a memorandum from the facility Director and current PI indicating agreement with the request, and a justification for the change. Include the curriculum vitae of the proposed PI The R&D Committee must approve the request to change the PI.

(1) The proposed PI must be an eligible, qualified investigator, currently involved in the research as a co-investigator or active collaborator.

c. If the proposed new PI has an active MERIT project, the transferred project will be considered supplemental and it will end on or before the termination date of the new PI's active project.

d. All correspondence regarding change in the PI should be addressed to the Director, Medical Research Service (121). Director, MRS, must approve the request for transfer.

6. EPIDEMIOLOGY RESEARCH PROGRAM

1. PURPOSE: This section provides policy and guidelines regarding the Epidemiology Research Program (EPIM) and instructions for submission of a LOI for an EPIM.

2. BACKGROUND: The previous Office of Research and Development program announcement entitled "Epidemiology Research" described the opportunity for VA investigators to submit investigator-initiated epidemiology research proposals to MRS. This section supersedes all previous EPIM announcements.

a. The primary objective of the EPIM is to foster epidemiological studies in areas of high relevance to the VA research mission.

b. MRS is particularly interested in the molecular epidemiology of chronic diseases.

c. Submission of an EPIM application requires the prior approval of an LOI.

3. SCOPE: For the purpose of EPIM, epidemiological research is defined as studies that employ a population based approach to investigate the prevalence, etiology, and pathogenic mechanisms of diseases and disorders important to veterans' health. Epidemiological studies may also exploit the efficacy of modern diagnostic, treatment, and preventive strategies. Of particular interest to this program is the molecular epidemiology of chronic diseases.

a. All projects fulfilling these criteria shall be submitted as EPIM applications. If there is any doubt whether a study meets the EPIM definition, submit a LOI according to the instructions provided in Appendix D.

(1) Following LOI review, the applicant will be informed if the proposal should be submitted as an EPIM application or another type of MERIT.

(2) EPIM proposals inappropriately submitted as a standard MERIT may be administratively withdrawn.

b. It is recommended that applicants with no previous experience in conducting epidemiology research consult with one of the Epidemiology Research and Information Centers (ERICs) prior to submitting a LOI and subsequently a proposal.

4. APPLICATION REQUIREMENTS: EPIM is open to all MRS investigators eligible to submit proposals to MERIT. EPIM is an exception to the single MERIT rule (see page 3), though an investigator may have only one funded EPIM project at any given time.

a. An EPIM budget shall not exceed $150,000 per year, excluding non-clinician PI salary and equipment.

b. Each applicant to EPIM is required to submit a LOI, which may be sent at any time but must be received by February 21 and by August 21 for June 21 and December 21 application receipt deadlines, respectively. LOIs received after these deadlines will be reviewed for the subsequent round.

(1) A request to exceed budget limits may be included with the LOI package (see Appendix F) for a proposal requesting any of the following: a budget in excess of $150,000 per year, exclusive of non-clinician PI salary and equipment, or equipment in excess of $50,000 total.

(2) EPIM LOIs shall be prepared in accordance with the instructions provided in Appendix D. LOI evaluation will be based on the scientific merit of the project, including the experimental design, relevance of the problem to the VA research mission, qualifications of the applicant, and cost of the research. Cost-sharing arrangements with other funding sources are encouraged and may be a consideration in the LOI evaluation process.

(3) An approved LOI shall be valid for the three consecutive review cycles immediately following its approval.

5. SUBMISSION OF APPLICATIONS: Applications will only be accepted from investigators with approved LOIs. Complete EPIM applications shall comply with the instructions for submitting a MERIT proposal in Appendix A and supplemental instructions in Appendix B.

a. An application that is disapproved may not be resubmitted.

b. An application that is approved but not funded may be revised and resubmitted according to the recommendations of the Epidemiology Merit Review Subcommittee.

6. QUESTIONS AND INQUIRIES: ***NOTE****: Discussion of possible epidemiology research proposals with the MRS Program Specialist for the Epidemiology Research Program prior to LOI submission is encouraged.*

7. CLINICAL RESEARCH PROGRAM

1. PURPOSE: This section provides policy and guidelines regarding the Clinical Research Program (CLIM) and instructions for submission of a LOI to CLIM.

2. SCOPE: The CLIM is intended to promote investigator-initiated clinical research studies and to ensure that these studies receive appropriate consideration and evaluation. Unless noted below, all MERIT guidelines, requirements and restrictions apply to CLIM.

a. For the purposes of the CLIM, clinical research is defined as randomized clinical trials involving veterans as research participants, designed to assess the effects of potential biomedical or biobehavioral therapeutic interventions. Studies should compare groups receiving different treatments or a treatment(s) versus a control condition. Endpoints of the potential therapeutic interventions should be clearly defined and could be either definitive clinical outcomes or intermediate physiological measures. A CLIM proposal is typically a single-site or a small multi-site study.

(1) All projects fulfilling these criteria shall be submitted as a CLIM proposal. If there is any doubt about whether a study meets the CLIM definition, application should be made to the CLIM program by LOI according to the instructions in Appendix E.

(2) Following LOI review, the applicant will be informed if the proposal should be submitted as a CLIM, a regular MERIT or other.

b. CLIMs that are inappropriately submitted as regular MERIT applications may be administratively withdrawn.

c. Studies that are NOT appropriate for CLIM include observational studies, correlative studies, device development, development of diagnostic markers, gene expression profiling and studies designed to understand mechanisms of resistance to therapeutic interventions. Biphasic studies that determine the role of a factor in a disease (cause and effect) followed by an interventional approach are considered premature for CLIM. Studies designed to assess the best practice method or cost-efficacy of interventions, are not appropriate for submission to Medical Research Service.

d. Phase I (safety) trials are not appropriate for this program.

3. APPLICATION REQUIREMENTS: A typical CLIM shall be a single-site or small multi-site study with a budget not to exceed $150,000 per year, excluding non-clinician PI salary and equipment, for up to 3 years duration. It is anticipated that funded studies will produce a definite answer to an intermediate endpoint related to potential therapeutic intervention, produce a definite answer to a clinical question, or lead to a larger clinical trial. Therefore, CLIM awards are not renewable through this program.

a. CLIM is open to all MRS investigators eligible to submit proposals to MERIT (see page 2) and is an exception to the single MERIT rule (see page 3), though an investigator may have only one funded CLIM at any given time.

b. Each applicant is required to submit an LOI, which may be sent at any time but must be received by February 21 and by August 21 for June 21 and December 21 application receipt deadlines respectively. LOIs received after these deadlines will be reviewed for the subsequent round.

(1) A request to exceed the budget limits shall be included with the LOI package for a proposal requesting any of the following: a budget in excess of $150,000 per year, exclusive of non-clinician PI salary and equipment, equipment in excess of $50,000 total, duration of more than 3 years, or participation of more than one research site (Appendix F).

(2) LOIs must be prepared in accordance with the instructions provided in Appendix E.

(3) LOI evaluations will be based on scientific merit, including clinical trials methodology, relevance of the problem to the Department of Veterans Affairs (VA) and to the MRS research portfolio, qualifications of the applicant, and cost of the research. Cost-sharing arrangements with other funding sources are encouraged.

(4) LOIs shall be valid for the three consecutive review cycles immediately following its approval.

4. SUBMISSION OF APPLICATIONS: Applications will be accepted only from investigators with approved LOIs. CLIM applications shall follow the MERIT instructions in Appendix A, modified according to the instructions in Appendix C.

a. An application that is disapproved may not be resubmitted.

b. An application that is approved but not funded may be revised and resubmitted only if a resubmission is recommended by the Clinical Research Subcommittee and approved by the Director, MRS.

5. NON-CLINICIAN PI SALARY: The salary of the non-clinician PI of a CLIM shall terminate on the funding termination date.

6. QUESTIONS AND INQUIRIES: ***NOTE****: Discussion of possible clinical research proposals with the MRS Program Specialist for the Clinical Research Program prior to LOI submission is encouraged.*

8. REVIEW OF MERIT REVIEW PROGRAM PROPOSALS

1. PURPOSE: This section describes the process used for review of all MERIT applications. It is the goal of MRS to fund only applications that propose research that is scientifically meritorious and relevant to the health of veterans.

2. SCOPE: Subject matter experts review all MERIT applications for scientific quality. The MRS Merit Review Committee is the Federal Advisory Committee responsible for the scientific review of MERIT proposals. The Committee is comprised of Subcommittees that serve as the review groups.

3. DESCRIPTION OF MERIT REVIEW SUBCOMMITTEES: The scientific purview of the Subcommittees is provided in Appendix H.

a. The Committee members are recruited from VA medical centers, universities, public and private research foundations, and other Federal and state government agencies.

b. Committee members are expected to:

(1) Have broad knowledge in their areas of expertise,

(2) Have a history of peer reviewed funding or the equivalent scientific experience, and

(3) Be leaders in their fields.

c. Members of the Committee serve three-year terms that may be extended.

d. Ad hoc members may be recruited as needed.

e. The Secretary for Veterans Affairs appoints committee members based on nominations from the Director, MRS.

f. The proceedings of the Subcommittee meetings are confidential.

4. REVIEW PROCESS: Once accepted for review, the application is assigned independently by two Executive Secretaries from the MRS Program Review Section to a Subcommittee. If the Executive Secretaries disagree, the proposal assignment is discussed at a meeting of all the Executive Secretaries and the Chief, Program Review. If consensus is not reached, the Chief, Program Review discusses the subcommittee assignment with the Director, MRS.

a. The Merit Review Subcommittees review all MERIT applications including CLIM and EPIM and Merit Review Entry Program (MREP). Four subject matter experts review an application: two subcommittee members and two external reviewers, who return their reviews by mail. Experts in human studies, animal studies and biosafety also review the proposals for issues of safety and compliance.

b. During a convened meeting, reviewers present the research proposed, individual evaluations, and the external reviews. The Chair opens the discussion to the entire Subcommittee. Following discussion and assignment of a priority score, Subcommittee members comment on any ethical, biosafety, animal studies, or human studies concerns. If it appears that the proposal will fall within a possible fundable range, the budget and duration of the award are discussed and recommendations are made. A preliminary draft Summary Statement reflecting the discussion and the recommendations of the Subcommittee is prepared at the meeting. A final Summary Statement is prepared after administrative review and may contain additional administrative notes.

5. CRITERIA FOR REVIEW AND SCORING OF THE PROPOSAL:

a. The following criteria are considered during scientific merit review:

(1) Significance of the research.

(2) Scientific approach including preliminary data and appropriateness of experimental design.

(3) Feasibility of the proposed studies including the expertise of the PI and collaborators and the environment available for conducting the studies.

b. All Subcommittee members, including ad hoc members, present during the review and discussion of the proposal assign a priority score from 10-50 with 10 being the most meritorious score. Following the conclusion of the meeting, the priority scores are averaged. The Subcommittee is not aware of the mean priority score voted for the proposal at the meeting.

6. CONFLICT OF INTEREST: Subcommittee members who have a conflict of interest based on academic/research affiliations, collaboration, or personal relationships are not present during discussion of a proposal, do not assign a score, and are not made aware of the scoring for that proposal. Subcommittee members do not participate in review of proposals from their own institutions or those proposals from investigators with whom they have a scientific or personal relationship.

7. DISAPPROVED PROPOSALS: A proposal may be disapproved if the Subcommittee determines unanimously that the proposed studies are unethical or are unlikely to yield useful information and should not be funded even if unlimited funds were available.

a. Proposals that are disapproved are not given a numerical score and may not be resubmitted.

b. Disapproved studies may not be carried out in VA space or by VA scientists, even if the project is funded by another agency.

8. DIRECTOR, MEDICAL RESEARCH SERVICE: The results of the scientific merit review process are forwarded as recommendations to the Director, Medical Research Service.

a. The recommendations, along with programmatic priorities, are used by the Director, MRS to determine which proposals shall be recommended for funding to the Chief Research and Development Officer.

b. If the Merit Review Subcommittee expressed serious concerns about the procedures described for human or animal studies, biosafety, or administrative/budgetary issues, the Director will place a "hold" on the application. If the hold is placed for human, animal, or biosafety issues, the work described in the application may not be initiated until MRS lifts the hold. This is so, whether MRS funds the work or not.

9. RESPONSIBILITIES: The Executive Secretary of the Subcommittee is the designated Federal Official in charge of the Subcommittee meetings and is responsible for conducting the meeting in accordance with VA Medical Research Service and Federal Advisory Committee Act policies.

PREPARATION AND SUBMISSION OF A MEDICAL RESEARCH SERVICE MERIT REVIEW PROGRAM PROPOSAL

1. GENERAL INSTRUCTIONS FOR PROPOSAL PREPARATION: The Medical Research Service (MRS) Merit Review Award Program (MERIT) proposal (previously known as a Type 1 proposal) is the principal mechanism for funding investigator-initiated, intramural research. The instructions in this Appendix apply to all new, resubmission and renewal proposals and supersede all previous instructions. The office of the Associate Chief of Staff for Research and Development (ACOS/R&D), or equivalent, at the local VA Medical Center (VAMC) provides assistance in proposal preparation and is responsible for submitting proposals to VA Central Office (VACO). Before preparing an application, consult with the office of the ACOS/R&D. While these instructions are applicable to the MERIT, special programs, such as MREP, EPIM, and CLIM and submissions in response to Requests for Proposals, have additional submission requirements.

a. **Letters of Intent**. All special programs require an approved Letter of Intent (LOI) to submit applications. Regular MERIT programs do not require an approved LOI.

(1) If the application is for one of the special programs or announcements, or the research may meet the definition of a special program, be sure to discuss the program description and submission requirements with the ACOS/R&D.

(2) MRS accepts LOIs throughout the year. LOIs received by the last working day of any month will be reviewed during the following month. We encourage early submission of LOIs. The last date for submitting an LOI for the Fall MERIT round is February 21 and for the Spring MERIT round is August 21. LOIs submitted after these deadlines will be considered for the subsequent round.

TABLE 1 - Receipt, Review, and Award Cycles

	Fall Round	**Spring Round**
Receipt Dates		
All Letters of Intent, Exceptions and Waivers	February 21	August 21
Intent to Submit (electronic through PROMISE)	June 7	December 7
MERIT Applications including EPIM and CLIM	June 21	December 21
Suggestions for Subcommittee assignment and Reviewers	June 22	December 22
Review and Award Schedule		
Scientific Merit Review	September - October	March - April
Medical Research Service Program Review	December	June
Earliest Project Start Date	April 1	October 1

b. **Deadlines**. Avoid delays and misunderstandings by reading and following the instructions carefully. Table 1 contains deadlines that apply to the submission of MERIT applications. Depending on the investigator's particular circumstance, requests for off-site waiver, eligibility determination, acceptance into the intramural program, or approval to exceed budget limits may be needed (see Paragraph 5 of this handbook). The office of the ACOS/R&D or MRS Program Specialists can help determine which approvals may be needed.

c. **Approvals**. Prior to submission to VACO, all proposals require approval by the local facility's R&D Committee. In addition, the ACOS/R&D has to obtain letters and concurrence from several offices at the local VAMC. The ACOS/R&D can provide the local submission deadlines.

(1) If the proposal is submitted prior to receiving approval by any required R&D subcommittees (e.g. Human Studies Subcommittee, Animal Studies Subcommittee, etc), the R&D Committee approval is for submission purposes only. The proposed research may not be run until approval is received by all required subcommittees and reviewed again by the R&D Committee for approval to run the proposed research.

(2) Proposals lacking the required local approvals and concurrences will be administratively withdrawn.

(3) No additional or replacement information will be accepted after submission of the proposal unless requested by the Program Review Division.

d. **Intent to Submit**. Depending on the round, the ACOS/R&D transmits a list of names of PIs, via the Project Management and Information System (PROMISE), to the Research and Development Computing Center (RDCC) by June 7 or December 7.

2. SPECIFIC INSTRUCTIONS FOR PROPOSAL PREPARATION: Obtain a Merit Review Program packet from the ACOS/R&D. The packet should contain all the forms necessary for completing the application and any additional forms required for local review. Official VA research forms in PDF and Word format can be found at http://www.va.gov/resdev/fr/forms.cfm. Use a clear, black font when filling out all forms. Font size for all text shall be at least 11 point. Certain forms must be submitted electronically through the PROMISE system. Staff of the ACOS/R&D will assist in printing and submitting these forms.

a. **Page 1; form 10-1313-1**. Staff of the ACOS/R&D, familiar with the use of the PROMISE program, will help enter the data for 10-1313-1. The program will generate (from the internal database) default values for a number of the fields, so it is important to check each field for accuracy.

(1) Blocks 1, 2, and 3. Left blank.

(2) Block 4 (review date). The season and the year for the upcoming round of review. For example if the submission deadline is June 21, 2002, the review date is fall 2002. If the submission deadline is December 21, 2002, the review date is spring, 2003.

(3) Block 5 (facility number). The number assigned to the PI's VAMC as listed in PROMISE.

(4) Block 6. The location of the VAMC by city and state. ***Note****: The Research and Development Information System (RDIS) and Research and Development Computer Center (RDCC) use this information to denote a VAMC rather than the facility name or a regional designation.*

(5) Block 7. The social security number of the PI. *Note: the social security number should appear on the original form only. It shall be redacted from all copies of the proposal.*

(6) Block 8. The last date the PI submitted a MERIT application regardless of its outcome. A blank indicates that no MERIT proposal on any topic, including EPIM and CLIM, has ever been submitted.

(7) Block 9. The Last Name, First Name, Middle Initial, and degree(s) of the PI. Also, include the PI's VA telephone number with extension (if needed), mailing address, and e-mail address.

(8) Block 10. The title of the project, which may not exceed a total of 72 characters, including spaces. The title should describe the research activity.

(9) Block 11. The total budget for each year of requested funding and the total amount for all years of the program. The amounts and duration shall agree exactly with the totals on 10-1313-3 and 10-1313-4. Amounts on the paper copy must equal those submitted electronically. All budget totals and subtotals shall be rounded to the nearest $100 (see instructions for forms 10-1313-3 and 10-1313-4).

(10) Block 12. The employment status in VA paid 8ths of the PI at the time of application.

(11) Block 13. The PI's source of employment at the time of application. All VA employees are employed either through the medical care appropriation or through the medical research and prosthetics appropriation.

(a) Check with the appropriate service chief or the ACOS/R&D for the correct appropriation.

(b) PIs appointed on the medical care appropriation should check "Patient Care." Investigators appointed on the medical care appropriation cannot request salary in the application.

(c) Non-clinicians appointed on the medical research and prosthetics appropriation and requesting salary through this proposal should indicate cost center CC103.

(d) Career Development awardees should indicate CC108 as their employment source.

(e) Research Career Scientists should indicate CC110, but may not request salary in the proposal.

(f) Applicants receiving salary from other ORD services (HSR&D, RR&D, CSP) must be accepted into the MRS intramural program prior to submitting an application (see Appendix G).

(12) Block 14. If the PI, at the time of application, has not had MERIT funding in the past 5 years, the "NEW" box should be checked; otherwise check the "ONGOING" box. The "No. Projects in Program" may be left blank.

(13) Block 15. Under "Program" enter "821" Medical Research Service and under "Cost Center" enter CC103, which is the cost center designation for Merit Review awards.

(14) Block 16. Primary Research Program Area and Primary Specialty Area are selected from a list in PROMISE.

(15) Block 17. VA Hospital Service and Section are selected from a list in PROMISE.

(16) Block 18. Enter PI's current Academic Rank, primary academic department, and the name of the university affiliation.

(17) Block 19. Program Use; check each block that applies:

(a) *Human subjects*. This box must be checked if the research has any relation to human beings, even if the initial review board (IRB) has found the research to be exempt.

1. Check this box if human subjects are exposed to manipulations or interventions, interact with researchers, or can be identified from data collected, even if the data already exists.

2. Also, check this box if human tissues are obtained. Tissues include, but are not limited to, biopsies, blood, cerebrospinal fluid, urine, feces, saliva, nail clippings, hair, sweat, and tears.

3. Check the box if human tissue is obtained from surgery or autopsy, tissue banks, other non-profit sources, or commercial sources.

4. Work on human immortalized cell lines is not considered research on human subjects, but does involve biohazards.

5. If the research involves banking of human specimens, gene testing, gene transfer, and/or stem cells, it must comply with all VA policies and guidelines regulating the conduct of such activities.

(b) *Animal subjects*. Check this box if animals or any tissue derived from animals are used in the proposed project, even if obtained from a tissue bank or commercial sources.

(c) *Investigational Drugs or Devices*. Check the appropriate box if the use of investigational drugs or devices with human subjects is proposed.

(d) *Radioisotopes*. If radioisotopes are used, check the "Radioisotopes" box and include appropriate information in the biohazard form. The local Radiation Safety Committee must approve the use of radioisotopes before any studies contained in the application may be run.

(e) *Biohazard*. Almost all research submitted to MRS involves biohazards. Blood, however obtained, cerebrospinal fluid, and all body secretions and excretions, e.g., urine, feces, saliva, sweat, and tears, are biohazards. Most chemicals used in laboratories are biohazards.

1. A checklist of biohazards by category is provided on the first page of Appendix G of VHA Handbook 1200.8. If the research uses any of the products listed in the appendix, the Biohazards box must be checked.

2. Questions about research safety documentation should be directed to the VACO Research Biosafety Officer.

(18) Block 20. Summarize the PI's research support for the last 3 fiscal years in chronological order. "Non-VA" includes all other sources of research funding other than VA.

(19) Block 21. Insert the date the PI entered or will enter VA duty (all applicants must be VA employees by the time the application is funded).

(20) Signatures and dates in this block shall be within 6 months of the submission due date, and the date the ACOS/R&D signed shall be subsequent to the approval date of the R&D Committee. The signature of the ACOS/R&D signifies the completeness and accuracy of the contents of the application. The signature of the PI signifies responsibility for the proposal contents, the scientific responsibility for the proposed projects, and agreement to follow VA policies for acknowledging VA support and intellectual property rights. "Per" "by" or, "for" signatures are not acceptable.

b. **Page 2, Summary Description of Project/Program; form 10-1313-2**. Because MRS no longer funds multiple projects as part of a Merit Review program, check the "Project" box throughout this application.

(1) The PI's name and project title must be exactly as written on Page 1 (10-1313-1).

(2) Use keywords that describe the disease, system, mechanism being studied, and major methods/techniques used. Because the keywords are used for searches and portfolio related issues, only Medical Subject Headings (MeSH) terms may be used. The ACOS/R&D has a MeSH terms book, which is also available at the medical center library or may be obtained online (http://www.nlm.nih.gov/mesh/meshhome.html).

(3) Summary description: The summary description (abstract) of the proposal provides information about the hypotheses to be tested, specific objectives, relevance, subject population, procedures to be used and significance of potential new findings. It must include enough information so that the proposal can be referred to the appropriate Merit Review Subcommittee and reviewers. Use only the allotted space.

c. **Page 3, Table of Contents**. Use Table 2 as the format for the Table of Contents. Indicate N/A for not included or non-applicable items. Consecutively number all pages in the application and place the starting page number for each section in the Table of Contents.

d. **Page 4, Current Funds and First Year Requests for Program/Project (Form 10-1313-3)**. At the top of the form check the "Project" box.

TABLE 2 – Table of Contents

10-1313-1 - front page	1	
10-1313-2 - (abstract)	2	
Table of Contents	3	
10-1313-3 - first year budget	4	
10-1313-4 - all years budget and justification	5	
Investigators' Biographic Information		
Starting with PI (Forms 10-1313-5, 6, 8;		
Description of any overlap		
Follow with complete sets from each co-investigator.		__
Text of Proposal		
Response (resubmitted applications only, not to exceed 3 pages)		__
List of acronyms/abbreviations		__
Narrative: Parts 1-4 (not to exceed 25 pages)		
1. Rationale		__
2. Background and Significance		__
3. Work Accomplished		__
4. Work Proposed		__
Human Studies Section		__
Animal Studies Section		__
Resources (1 page)		__
Publications from last funding period		__
Literature citations (not to exceed 4 pages)		__
Administrative Issues		
R&D Committee approval memorandum		__
VAMC director's memorandum		__
Other Letters of Endorsement	__	
VACO Approvals: Exceptions, Waivers or Permissions letters (eligibility, acceptance into program, off-site location, exceeding budget cap)		__
Previous review (resubmissions only)		
Reviews		__
10-1313A-front page (Summary Statement)		__
10-1313A-continuation (Summary Statement Text)		__
Other Attachments		
"Research Priority Area - Portfolio" Form		
Appendix (7 collated sets). List of items in Appendix		

(1) All budget subtotals shall be rounded to the nearest $100.

(2) Recurring budget (i.e., total budget less PI salary and equipment) may not exceed $150,000 per year nor may the equipment request exceed $50,000 unless prior approval has been obtained (see Appendix F).

(3) MRS recommends requesting the following project durations:

(a) Investigators with less than 3 years of independent, nationally peer-reviewed funding as a PI shall limit their project duration to 2 or 3 years.

(b) Investigators with 3 to 5 years previous independent funding may request 2 to 4 years of funding.

(c) Investigators with more than 5 years previous independent funding may request 2 to 5 years of funding.

(d) If it is believed that the work cannot be accomplished within this suggested timeframe, the transmittal memorandum from the Chair of the R&D committee shall provide a detailed justification for the additional years requested. Under no circumstances can more than 5 years of funding be requested.

(4) Personnel. Starting with the PI, list all personnel involved in the project. In the appropriate columns list their names (with Grade and Step in parentheses), role in the research proposed, the percent effort each will devote to the project, and whether or not salaries are requested. Salaries shall include fringe benefits for all personnel to be paid from MRS funds. The maximum allowable fringe benefits rate is calculated yearly and may be found in the MRS Merit Review program announcement that is sent out prior to the submission deadlines for each round.

(a) The salary requests should be proportional to the percent effort listed (non-clinician PI's salaries are an exception, see below). Secretarial salaries are not allowed. Physicians and dentists, and, in most cases, nurses may not receive salaries from the medical research and prosthetics appropriation. PIs shall not be paid through Inter-agency Personnel Act (IPA) agreements.

(b) If the PI is a non-clinician, salaried by research appropriation CC103, in the "% effort" column the PI shall indicate the actual percent effort that the investigator will expend for the research described in this application only. However, in the "First Year Requested Funds" column, the non-clinician PI may request salary consistent with the person's total VA effort.

1. Total VA effort includes the work anticipated in this application, participation in other VA and non-VA research, service toward core facilities, teaching, supervision of students, participation in research centers, service on committees, etc. For example, a non-clinician PI listing 40% effort for the proposed research, 20% effort as an uncompensated co-investigator on an NIH grant, 15% service to research administration, and 10% teaching and mentoring would request 85% of the investigator's full-time equivalent salary.

2. Salary support may be requested only for activities that are uncompensated from other sources such as the academic affiliate or other funding agencies. Any differences in the percent

effort for the work proposed and total VA effort (salary support) shall be described fully in the budget justification.

(c) If the PI is a Research Career Scientist (CC110), list the percent effort the person will devote to the proposed research, but no salary may be requested. In the budget justification discuss the investigator's contribution to the proposed research only.

(d) All co-investigators, collaborators, and technical staff, whether paid or not, should be listed in the personnel section. There are restrictions on who can be paid directly by the VA. Check with the local Research Service to ensure that salary is not requested for a person who cannot be paid directly by the VA.

(e) If a person is paid through a contract for services or an IPA, put "IPA" in the column for requested funds. List the specific costs of IPAs in the "all other expenses" section of the budget.

(f) If warranted, non-clinician Ph.Ds. may be hired as postdoctoral scientists to do the technical aspects of the research.

(g) *Other personnel*. Check the list of unauthorized budget items (Table 3) for personnel who may not be included in proposal budgets.

(5) Include in the "Current Year Funds" column all funds allocated by MRS to the investigator for the 12 months preceding the first year request.

(6) Consultants. A consultant may not receive a fee of more than $2,500 per year and the consultant's involvement must be fully explained in the budget justification. There are limitations on payment to consultants – contact the office of the ACOS/R&D

(7) Equipment. Although the form 10-1313-3 states that all equipment in excess of $3,000 must be listed, MRS requires that each item of equipment, no matter the cost, shall be listed separately and thoroughly justified on form 10-1313-4. Equipment consists of relatively permanent, fixed assets that are essential to the completion of the proposed research.

(a) When feasible, equipment shall be purchased in the first year of the project. If properly justified, MRS will consider equipment requests in later years of the project. The terminology such as 'misc. small pieces of equipment' shall not be used.

(b) Expendable items should be requested as supplies.

(c) Approval must be received in advance to request equipment totalling more than $50,000 (see Appendix F for deadlines and instructions).

(8) Supplies. Itemize expendable supplies in separate categories, such as glassware, chemicals, radioisotopes, etc. Categories totaling less than $1,000 do not need to be itemized. If animals are to be purchased, state the species, cost per animal, and number to be purchased in the first year.

(9) All Other Expenses. List all other expenses by major category, including costs for publications, rental and contractual fees. Include the daily (*per diem)* and total charges for Animal Research Facility maintenance of all animal subjects required in the research. Check Table 3 for a list of unauthorized items. List service contracts for equipment utilized only for the proposed research. If the equipment is used by multiple research projects, request a proportionate amount of the service contract. Travel costs are permitted for project staff if the travel is directly related to the proposed research, but travel costs for scientific meetings as well as registration fees and expenses for books and journals are not permitted.

TABLE 3. Unauthorized Budget Items*

PERSONNEL
Increases over years to account for inflation or salary increases
Dishwashing aide
Summer students
Graduate Students
EQUIPMENT
Office Furniture
SUPPLIES
Office supplies
OTHER (Usually supplied by local facility)
Books and journals
"charge-back costs'
Registration and travel to scientific meetings
Medical media/ slide preparation/photography
Photocopying charges
Maintenance costs which are unjustified
Maintenance costs for core or shared equipment
Library computer searches
Word processing
Long distance phone charges
Cylinder demurrage charges
Communication costs
Radioisotope waste disposal
Biohazard waste disposal

e. **Estimated Expenses For Program/Project (Form 10-1313-4)**. At the top of the form, check the "Project" box.

(1) Enter the totals for each budget category for all additional years of support requested. The total operating expenses for the first year shall be identical to the total indicated on VA forms 10-1313-1 and 10-1313-3. Do not include inflationary increases in any of the budget categories or cost-of-living increases, within grade increases, or anticipated promotions in the personnel category.

(2) All differences in the operating expenses between years should be fully justified.

(3) Justification. All items in the budget must be clearly justified. Use continuation pages if necessary.

(a) *Personnel*. Fully explain the role and percent effort of the PI and all personnel listed in the Personnel section of form 10-1313-3. If the PI is a non-clinician scientist, paid by the research appropriation CC103, fully describe the basis for any difference in the % effort for the work proposed and total VA effort (salary support). The signature of the ACOS/R&D on form 10-1313-1 signifies agreement to have the non-clinician PI perform the work described to justify salary.

(b) *Consultants*. Clearly explain the expertise of each consultant with regard to the proposed research. State the frequency of consultations.

(c) *Equipment*. For each item, justification should include a discussion of why the equipment is needed and why similar existing equipment (if any), whether in the laboratory, common resource equipment, borrowed, or on loan, cannot be used. Describe the equipment used in the generation of the data in the "Work Accomplished" section and its availability for the proposed research.

(d) *Supplies*. Explain how the costs for each category of supplies were derived; for example, is it based on the PI's expense history in performing similar research?

(e) *All Other Expenses*. Items in this category should be explained in the same manner as those in the supplies category. Personnel contracts or IPAs should be fully explained including the basis for the individual's salary.

(4) The budget totals on forms 10-1313-3 and 1313-4 must match each other as well as the totals in block 11 of form 10-1313-1. The accuracy of these items should be checked before sending the proposal.

f. **Investigator Information (Forms 10-1313-5, 10-1313-6, 10-1313-8)**. The three forms (VA Form 10-1313-5, 6, and 8) shall be completed for the PI and for each scientist who will participate in the design, performance or scientific direction of the proposed research. For those investigators devoting 5 percent effort or less, include only biographical information (VA Form 1313-5 and 6). Do not include any of the above forms for consultants or technical staff. ***Note:*** *form 10-1313-7 is no longer required.*

(1) Investigator's Biographic Sketch (form 10-1313-5). Follow the instructions on the form.

(2) Investigator's Bibliography (form 10-1313-6). In chronological order, list complete citations of the investigator's most relevant publications and accepted manuscripts in peer-reviewed journals. Do not included abstracts, manuscripts that are submitted or in preparation. The Investigator's Bibliography may not exceed 2 pages. If a second page is needed, use another copy of form 10-1313-6.

(3) Investigator's Total Research/Development Support (form 10-1313-8). Read these instructions carefully as they are different from previous instructions for this form. Total research support is defined as all financial resources, whether Federal, non-Federal, commercial or institutional available in direct support of the individual's research. Examples are current MERIT award, research grants, cooperative agreements, contracts, institutional awards, and awards from other VA research programs such as HSR&D, EPIM, CLIM, RR&D and REAPs/Centers. Include all currently funded and pending support. Do not include the current application as pending support.

(a) *Copy form 10-1313-8 as needed*. If the investigator has no active or pending support, write "None" in the first description box. Otherwise, starting with active awards, follow the instructions on the form for "Status". In the "Grant/Project No" box write the name of the awarding agency and the project number, if assigned. In the Grant/Project Title box, write the full title and the sub-project number, if appropriate.

(b) In the box provided for description, use the following format:

1. Role: State the investigator's role in the project (PI, co-investigator, PI of sub-project, etc.)

2. Dates of Approved/Pending Project: Indicate the inclusive dates of the project as funded or proposed.

3. Annual Direct Costs: For active awards, provide the current year's direct cost budget and for pending applications provide the proposed initial budget period.

4. Percent Effort: For an active award, provide the level of effort (whether salaried or unsalaried) as approved for the current budget period. For pending projects list the level of effort proposed for the initial budget period.

5. Major Goals: Provide a brief statement of the overall objectives of the project. If it is a sub-project on a center grant or contract, provide the objectives for the sub-project only.

(c) Using this format, continue to list all active and pending funding for the investigator.

(d) *Overlap*. After listing all of an investigator's support, in a paragraph headed "Overlap," summarize any potential overlap between the research in the proposal and any active or pending research with respect to the science, budget or the investigator's total effort. Statements such as "there are no budgetary, scientific or administrative overlaps" without any discussion of the science are not acceptable.

1. Budget overlap occurs when duplicate or equivalent budget items, such as equipment or salary, requested in the application are already funded, requested in a pending application, or provided for from another source.

2. Commitment overlap occurs when any personnel listed on the project has time/effort commitments (whether salaried or unsalaried) that exceed 100 percent. No individual listed on the project budget form may have in excess of 100 percent effort.

3. Scientific overlap occurs when substantially the same research is proposed in more than one application, is submitted to two or more funding sources, or when the research objectives and the research designs are the same or grossly similar in two or more applications, regardless of funding sources.

g. **General Instructions for Response and Narrative**. Observe the page number limitations specified in Table 4. Proposals exceeding page limitations will not be reviewed.

(1) Avoid delays and misunderstandings by carefully reading and following the instructions. Use proper English and avoid jargon. For terms that are not universally known, spell out the term for the first time followed by an abbreviation enclosed in parentheses; thereafter the abbreviation may be used. Also, include these terms in the List of Abbreviations and Acronyms.

TABLE 4: Page Limitations and Content Requirements

Section	Page Limit	Content
Response (Revised applications)	3	See instructions, page A-13
List of abbreviations and acronyms		
Research Narrative (sections 1-4)	25	Text plus all figures, charts, tables and diagrams
Human Subjects (as needed)		See instructions, page A-15
Animal Subjects (as needed)		See Instructions, page A-16
Resources	1	See instructions, page A-17
Publications from last funding period		See instructions, page A-17
Literature citations	4	Complete citations including titles and **all** authors
Appendix (Supplemental methodology may **not** be included)		No more than five publications including accepted or submitted manuscripts. Photographs that do not copy well (include copies in Narrative). Questionnaires Other materials that do not copy well (include copies in Narrative)

(2) Observe type size specifications and margin requirements throughout the application, or it will not be reviewed. Prepare the application on standard 8.5" X 11" white paper, single-sided and single-spaced. Except for margin requirements of specific forms, allow a one-inch (1") margin at all edges and use a single column. Multiple columns may not be used. Use standard type fonts with black letters that can be clearly copied. Do not use photoreductions. All tables, diagrams, graphs and charts, must be clear and legible.

(3) The height of the letters must be at least 11 points, the type density must be no more than 15 characters per inch (CPI) and have no more than 6 lines of type within a vertical inch. For proportional spacing, any representative section of text must not exceed a density of 15 CPI.

Smaller type sizes are difficult to read and give the applicant an unfair advantage by allowing more text in the proposal. Rather than relying on font selections by word processor/printer combinations, correct type size should be verified with a standard type-measuring device. At least the minimum type size shall be used throughout the application.

(4) All figures and tables shall be included in the text. As long as it is clearly legible, type size for figures, charts, tables, footnotes and figure legends, may be smaller.

(5) Proposals that are difficult to read will be administratively withdrawn.

(6) Originals of photographs that do not copy well should be included in the appendix. Copies of these photographs also should be placed in the text of the proposal and are included in the 25-page limit. Unpublished questionnaires may also be placed in the appendix. Methods and/or procedures, even if unpublished, shall be incorporated into the Narrative and shall not be placed in the appendix. The Narrative shall be comprehensible without references to any other document, including the appendix.

h. **Response (resubmitted applications only, 3-page limit)**. A revised application will not be reviewed if it fails to comply with all of the requirements for resubmission. Prior to submitting a revised application, the PI should have received the summary statement and critiques from the previous review.

(1) The resubmission shall contain substantial revision to the content of the proposal. The revised application shall start with a Response of not more than 3 pages, which summarizes the substantial additions, deletions, and changes based on the comments and suggestions in the summary statement. If suggested changes are not made, the reasons should be explicitly stated. The 3-page response does not count toward the 25-page narrative limit.

(2) The changes in the Narrative shall be clearly marked by a vertical bar in the margin, bracketing, indenting, or a change in typography, unless the changes are so extensive that it includes the majority of the text. In that case, indicate it in the Response. Do not use underline or shading. The Work Accomplished section should include any new work accomplished since the prior submission. Acceptance by MRS to review a revised application automatically terminates the prior version.

i. **List of Abbreviations/Acronyms Used**. Provide a list of the abbreviations and acronyms used in the Narrative and define the term the first time it is used in the Narrative text. The exception is for those terms that are commonly understood (e.g., known by undergraduate biology students, such as DNA, ATP, etc.).

j. **Narrative (25 page limit including all text, figures, charts, graphs and diagrams)**. The Narrative is organized into four major sections: Rationale, Background and Significance, Work Accomplished, and Work Proposed. Use the Narrative to explain 1) what the P.I. proposes to do; 2) why the proposed work is important; 3) what similar work has been done; and 4) how the proposed work will be done. All tables, graphs, charts, diagrams, and photographs shall be included in the 25-page limit; items that do not photocopy well may also be included in an appendix. The 25-page limit for the Narrative will be strictly enforced. Applications that exceed

this limit or fail to comply with type size or margin specifications will not be reviewed. Within the Narrative, MRS recommends the following outline and page restrictions.

(1) Rationale (1-2 pages recommended):

(a) *Statement of the Problem* - Briefly state the problem to be investigated.

(b) *Hypotheses or Key Questions* - State the hypotheses or key questions to be answered by the proposed research.

(c) *Specific objectives* - Briefly and concisely list the long-term and more immediate objectives of the proposed research. For long-term objectives, identify expected intermediate goals.

(2) Background and Significance (2-3 pages recommended).

(a) *Background*. Briefly described the current status of research relevant to the present application and how it relates to the hypotheses or key questions. Critically evaluate existing, relevant knowledge and explicitly state the gaps that the proposed research will fill. Cite only relevant and recent literature. The Background section should be sufficiently complete to demonstrate that the PI is aware of the critical issues related to the proposal. It should not be exhaustive.

(b) *Significance*. Explain the potential importance of the proposed work and identify any unique ideas or potential contributions that might result from this study.

(c) *Relevance to Veterans Health*. Describe the relevance of the proposed work to the VA patient care mission specifically and health issues in general.

(3) Work Accomplished (6-8 pages recommended).

(a) *New applications (including revisions to new applications)*: Describe the preliminary/previous studies conducted by the PI that are pertinent to the application. The information should help reviewers evaluate the experience and competence of the investigator to pursue the research. The experience/competence of key collaborators may be briefly described. Up to 5 publications and/or submitted or accepted manuscripts by the PI may be placed in the appendix.

(b) *Renewal applications*: In addition to describing relevant preliminary studies, a progress report is required for all renewal applications. Provide the beginning and ending dates for the last period of funding. Summarize the previous program's specific aims/objectives as well as changes to the specific aims due to budget reductions. Discuss the progress made toward achieving the specific aims by providing a succinct account of relevant published and unpublished results of work funded by the previous application. In the section entitled "Publications From Previous Funding Period," provide complete references for all publications, manuscripts submitted or accepted for publication, patents or other printed materials that have resulted from this project during its last funding period. Up to 5 publications and/or submitted or accepted manuscripts may be placed in the appendix.

(4) Work Proposed

(a) Provide a timetable describing the sequence of the proposed research.

(b) It is useful to specifically relate each experiment to particular hypotheses/key questions. Describe the research design, methods, and procedures to be used to accomplish the specific aims of the application.

(c) Describe the experimental design/approach and how the data will be collected, analyzed and interpreted. Describe new methodologies to be used and why they are preferred over existing methods.

(d) Discuss potential problems and limitations of the proposed methods/procedures and possible alternative procedures to achieve the specific aims.

(e) If humans or animals are to be studied, power analysis should be used to justify the number to be studied. Justify the species of animal to be used even if it is contained in the Animal Component of Research Proposal (ACORP). If cell lines or tissue specimens are used, discuss the source of the material.

(f) The Narrative section must be comprehensible without reference to any other document.

k. **Human Studies Section (no limit, be succinct - not included in 25-page limit for narrative)**. If form 10-1313-1, Block 19, Human Subjects is checked "Yes," create a section heading titled "Human Subjects." Applicants must address the involvement of human subjects and protections from research risk relating to their participation in the proposed research plan. In this section, provide information to **address all four evaluation criteria below** as they apply to the research proposed. **Applications that fail to comply will be withdrawn without review.**

(1) Risk to Subjects

(a) *Human Subjects Involvement and Characteristics*: Describe the proposed involvement of human subjects in the work outlined in the Research Design and Methods section. Describe the characteristics of the subject population, including their anticipated number, age range, and health status. Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as pregnant women, prisoners, institutionalized individuals, or others who may be considered vulnerable populations.

(b) *Sources of Materials*: Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

(c) *Potential Risks*: Describe the potential risks to subjects (physical, psychological, social, legal, or other) and assess their likelihood and seriousness to the subjects. Differentiate the therapeutic risk from research risk. Therapeutic risk is the risk or potential risks associated with an intervention that is required for medical care but occurs as part of the research. An example is an endoscopy that was required for medical follow-up of a specific illness. Research risk is

associated with an intervention that is done for research purposes only regardless if it is an experimental intervention or a commonly used intervention, for example, an extra endoscopy. Where appropriate, describe alternative treatments and procedures, including the risks and benefits of the alternative treatments and procedures to participants in the proposed research.

(2) Adequacy of Protection from Risks

(a) *Recruitment and Informed Consent*: Describe plans for the recruitment of subjects and the process for obtaining informed consent. Include a description of the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. The informed consent document may not be submitted at this time.

(b) *Protection Against Risk*: Describe the planned procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness. Where appropriate, discuss plans for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects. In studies that involve interventions, describe the plan for data and safety monitoring of the research to ensure the safety of subjects.

(3) Potential Benefit of the Proposed Research to the Subject and Others. Discuss the potential benefits of the research to the subjects and others. Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and others.

(4) Importance of the Knowledge to be gained. Discuss the importance of the knowledge gained or to be gained as a result of the proposed research. Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that reasonably may be expected to result.

l. **Animal Subjects (no page limit, be succinct - not included in 25-page limit for narrative)**. If form 10-1313-1, Block 19, Animal Subjects is checked "Yes," create a section heading entitled "Animal Subjects." In this section, provide information to **address all five evaluation criteria below** as they apply to the research proposed. **Applications that fail to comply will be withdrawn without review.**

Failure to address the following elements will result in the application being withdrawn without review.

(1) Provide a detailed description of the proposed use of the animals in the work outlined in the Research Design and Methods section. Identify the species, strains, ages, sex, and numbers of animals to be used in the proposed work.

(2) Justify the use of animals, the choice of species, and the numbers to be used. If animals are in short supply, costly, or to be used in large numbers, provide an additional rationale for their selection and numbers.

(3) Provide information on the veterinary care of the animals involved.

(4) Describe the procedures for ensuring that discomfort, distress, pain, and injury will be limited to that which is unavoidable in the conduct of scientifically sound research. Describe the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices, where appropriate, to minimize discomfort, distress, pain, and injury.

(5) Describe any method of euthanasia to be used and the reasons for its selection. State whether this method is consistent with the recommendations of the Panel on Euthanasia of the American Veterinary Medical Association. If not, present a justification for not following the recommendations.

m. **Resources (1 page limit – not included in 25-page limit for narrative)**.

(1) Describe the facilities to be used to conduct the proposed research. Specifically indicate the performance sites (location with specific room numbers and indicate VA space or off-site).

(2) Describe the equipment, capabilities and capacities, their relative proximity and the extent of availability to the project. Include a description of common resource space and equipment available to the proposed research.

(3) Describe laboratory and equipment used to generate the preliminary data and if the equipment is available to the proposed research.

(4) If clinical space will be used, describe the location, availability and purpose.

(5) Do not describe resources that are available but will not be used for the proposed research.

(6) If a VA investigator (PI or VA co-investigator) will perform any portion of the proposed research in assigned off-site space, a copy of an approved off-site waiver must be included in the application. If any of the proposed work will be done in VA leased space, a copy of the approval for the use of the lease must be included. If a non-VA co-investigator (a person neither paid by nor on a without compensation appointment with the VA) will complete specific portions of the proposed work in their off-site laboratory, no waiver is needed.

n. **Publications from Last Funding Period**. List the complete references of all publications, manuscripts that are accepted or submitted, patents or other printed material from the PI and/or collaborators that are based on work accomplished toward the specific aims/objectives of the previous funding period.

o. **Literature Citations (4-page limit)**. Include a complete citation for all references (all authors, year, title, journal, volume number and inclusive pages). Start each citation on a new line. List citations by number in the order they first appear in the application. For renewals, the list may include, but does not replace, the citations in "Publications from Last Funding Period."

p. **Endorsements**

(1) *On Time Submission of Compliance/Assurance Documents.* When a local facility conducts compliance assurance reviews is a local decision. Whether the review(s) is done prior to submission of the application or at a later date, MRS requires just in time submission of compliance/approval documentation for human studies, animal studies and biosafety. Do not submit any human subjects, animal subjects or biosafety forms and/or approvals with this application.

(2) Include a memorandum signed by the Chair, Research and Development Committee stating the application was reviewed and approved for submission to VACO (include the date of approval) by the R&D Committee.

(3) If the appropriate compliance/assurance subcommittees have not approved the application, following review by compliance/assurance subcommittees, the R&D Committee must review and approve the proposal again.

(a) The R&D approval letter shall contain the following statement:

"This application has been submitted without approval from necessary subcommittees. The PI is admonished that the procedures described in the application may not be run."

(b) If the research proposes using humans or animals as subjects, the R&D Committee must document discussion of the adequacy of the applications section(s) on "Human Studies" and/or "Animal Subjects."

(4) Include a memorandum signed by the facility director stating that the director understands the impact of the proposed research on the facility's organization, that the director endorses the project, and that the space described in the application and necessary support of the VA facility will be available. If the PI's appointment is to start at the time of funding, the Medical Center Director's letter must contain a statement indicating that the Director agrees to employee the PI at least 5/8ths time. The R&D Committee and director endorsements may be combined as long as all requested items are addressed and the R&D Chair and the Director sign the memorandum.

(5) Provide letters from each collaborator indicating a willingness to fulfill the duties described in the application.

q. **Revised Proposals**. Revised proposals shall include the final Summary Statement (including form 10-1313A) and reviews from the most recent review cycle. These materials shall be the very last items in the application with the summary statement placed last.

r. **Page Numbering**. Type the last name of the PI in the lower right corner of each page and number each page consecutively, starting with the VA Form 10-1313-1 (e.g., Smith-1 to Smith-37).

3. TRANSMITTING THE APPLICATION

a. **Intent to Submit**. By the deadline listed in Table 1, staff of the ACOS/R&D enters the appropriate information in PROMISE and transmits it electronically to the RDCC.

b. **Submitting the application**. Proposal submission involves the electronic transmission of forms 10-1313-1 and 10-1313-2 (including the abstract) and sending hard copies (paper) of the entire proposal. The receipt deadlines are December 21 for the spring round and June 21 for the fall round. If the due date is on a weekend, the following Monday is the due date.

(1) Staff of the ACOS/R&D complete and electronically transmit forms 10-1313-1 (Face Page) and 10-1313-2 (Summary Description) using the PROMISE system to the RDCC. The paper copies of these forms must be printed from the PROMISE system. The information on the paper copies must be identical to the electronically submitted information. For the paper submission of the entire proposal, the ACOS/R&D and PI sign the printed copy of 10-1313-1. "Per", "by", or, "for" signatures are not acceptable. Make any necessary corrections with PROMISE and electronically re-send the corrected information and print a new hard copy. Use of the PROMISE system is confined to staff of the ACOS/R&D.

c. **Submit the following in one package**

(1) The original single-sided application with the signatures of the PI and ACOS/R&D on page 1 (form 10-1313-1), assembled in the order specified in the table of contents.

(2) *Note: Prior to making copies, redact the PI's social security number*. Twenty-five (25) exact, clearly legible copies reproduced back to back. Each copy should be bound with a binder (paper) clip. Do not staple copies or use rubber bands or colored paper separators.

(3). Seven (7) collated sets of appendix material, such as reprints and manuscripts, may be stapled and each item should be marked with the PI's name. Videotapes and books are not acceptable as 'reprints'. A summary sheet listing all the items in the appendix is useful.

(4) The original only of the "Research Priority Area-Portfolio" form (available from the ACOS/R&D).

d. Carefully check the proposal and copies before submitting them to VACO.

e. Either U.S. mail or courier service may be used to send the application (original, 25 exact copies, 7 collated copies of the appendix, original "Research Area-Portfolio").

(1) If mailed through the U.S. Postal Service, send to:

Medical Research Service
Program Review Division (121F)
810 Vermont Avenue, NW
Washington, DC 20420

(2) If courier or commercial overnight delivery service is used, send to:

Medical Research Service
Program Review Division (121F)
1400 Eye Street, NW
Suite 700
Washington, DC 20005

(202) 408-3630

f. **Under separate cover**. The ACOS/R&D may send a list of suggested external reviewers and those reviewers believed to have a bias to Department of Veterans Affairs, 121F, 810 Vermont Avenue, Washington DC 20420. Include the address, telephone number and e-mail address, if available, for each suggested reviewer. The letter may also request that the proposal be referred to a specific Merit Review Subcommittee. (The request must be justified and consistent with the purview of the requested Subcommittee; see Appendix H). Final decision on reviewers and referrals are the responsibility of the Program Review Division. The deadline for this letter is one day after the deadline for receipt of applications

4. DEFICIENCIES: Deficiencies may be corrected only at the direction of the Program Review Division. No late material (e.g., reprints, approval letters, endorsement letters, proposal corrections, etc.) will be accepted unless specifically requested by the Executive Secretary of the Merit Review Subcommittee. The only exception is official letters of acceptance for publication for submitted manuscripts may be sent to the Program Review section at any time.

5. PROPOSAL WITHDRAWAL: A proposal may be withdrawn by the ACOS/R&D by contacting the Chief, Program Review Division.

6. SITE CHANGE DURING REVIEW CYCLE: All information given to reviewers must reflect the PI's circumstances and research site. If a PI transfers to another VA or the facilities available to the project change, the executive secretary of the Merit Review subcommittee must be notified and updated information supplied, if requested.

7. POST SUBMISSION COMMUNICATION: The originating VAMC will be notified of receipt and tentative acceptance to review the proposal along with the name of the Merit Review subcommittee or other review entity to which the proposal was assigned.

a. Questions or concerns about the assignment may be directed to the Chief, Program Review.

b. Shortly after review by the Merit Review subcommittee, the originating VAMC will receive an early notification letter and preliminary/draft copy of the Summary Statement and individual reviews. Subcommittee review dates are posted on the VA R&D website.

8. JUST IN TIME RECEIPT OF COMPLIANCE AND ASSURANCE DOCUMENTATION.

The following discussion is limited to the receipt of compliance and assurance documentation. Whether subcommittee review for human subjects, animal subjects and/or biosafety is conducted prior to the submission of the application, after the submission, or after notification of possible funding, is a local facility decision.

If the early notification letter indicates that the proposal is being considered for funding, the office of the ACOS/R&D must submit, to MRS, all required forms and approvals of appropriate Research and Development subcommittees or their equivalents. MRS will not accept these documents prior to this notification. Secondary review, by MRS, of human, animal, or biosafety protocols may be conducted and may delay funding the proposal. **No proposal will be funded until these forms/approvals are received and accepted by MRS.**

If the proposal had been submitted prior to review by R&D subcommittees, the R&D Committee must re-review the proposal and all supporting compliance/assurance documentation and approvals. A letter from the R&D Committee Chairman shall accompany these documents and state that the R&D Committee has given full approval to the proposal.

a. **General**: All forms pertaining to human studies, animal subjects or biosafety must be current. Be especially mindful of this requirement when submitting revised applications. The committee Chairperson must sign all committee forms. If the Chairperson is also the PI, another member of the committee must be delegated the responsibility for signing the forms. Under no circumstance may a member of the Research Service administrative staff or the ACOS/R&D sign committee forms.

b. **Human Subjects**: The Human Studies Subcommittee or its equivalent IRB must evaluate all proposals involving human subjects or human tissue. Send a copy of the "Report of Subcommittee on Human Studies" (form 10-1223). If the IRB approved the protocol by expedited review, exempted the protocol from IRB review, or granted a waiver from obtaining informed consent, it must be explicitly stated in section 8 "Comments" of the 10-1223 form. The chair of the IRB must sign the form. In lieu of the 10-1223 form, MRS will accept an equivalent IRB form as long as it contains all of the elements of the 10-1223 form.

(1) Unless the proposed research was granted a waiver from obtaining informed consent, one or more approved consent forms, filled out using VA form 10-1086, shall be included after form 10-1223.

(2) The title on the informed consent form must be the same as the title of the application (form 10-1313-1, box 10). If multiple informed consents are needed, the consent form title may be the application title with a project title appended to it.

(3) Each page of each consent form must be date stamped and the dates on the consent form and Report of the Human Subjects Subcommittee form shall be current. Forms from a previous submission of the application may be used if the dates of approval have not expired and if changes to the proposed research did not necessitate re-review by the IRB.

(4) The VA informed consent form (VA form 10-1086) must be used even if the IRB is at the affiliate university.

(5) The educational training requirement related to human subjects protection must be met (Office of Research and Development memoranda of August 15, 2000 and March 14, 2001). If the proposed research involves humans or human tissue, the PI and all co-investigators shall document successful completion of the training requirement. Documentation may be in the form of a certificate from the training program or equivalent documentation from the Research and Development Office. One letter detailing the training for multiple investigators is acceptable. Documentation of the training requirement shall follow forms 10-1223 and 10-1086 (if needed).

(6) If the research involves banking of human specimens, gene testing, gene transfer, and/or stem cells, it must comply with all VA policies and guidelines regulating the conduct of such types of research (VHA Handbook 1200.XX).

(7) Recombinant DNA: Research involving recombinant deoxyribonucleic acid (DNA) must comply with all VA regulations regarding human subject protection in genetic research, biohazards, and other related guidelines. Recombinant DNA is defined according to VA guidelines as 1) molecules that are manufactured outside living cells by joining natural or synthetic DNA segments to DNA molecules that can replicate in a living cell, or 2) molecules that result from the replication of those described in the first part of this definition.

c. **Animal subjects**: An approved, current VA ACORP must be submitted for any proposal using animals or animal tissues. An ACORP is required even if the animals or animal tissues will be used in a laboratory other than that of the PI's.

d. **Investigational Drugs and Devices**: FDA approval for use of the investigational drug (IND) or device must be on file at the VAMC. The Research and Development (R&D) concurrence memorandum, signed by the committee chair, certifies that the appropriate approvals are on file. Form 10-9012 "Investigational Drug Information Record" must be used for this purpose, but should not be included in the application.

e. **Biohazards**: Whether or not the form 10-1313-1 Biohazards box is checked, the biohazards form must be submitted. The form must have the proper signatures and be dated.

f. **R&D Approval**: Following review and approval by all required subcommittees, the R&D committee must review and give final approval to the application. A letter of approval, signed by the R&D Chair, shall be sent with the other compliance/assurance documentation.

g. **Submission of Documents**: Send the original and seven (7) exact copies of all compliance/assurance documentation via regular mail or courier.

(1) If mailed through the U.S. Postal Service, send to:

Medical Research Service
Program Review Division (121F)
810 Vermont Avenue, NW
Washington, DC 20420

(2) If courier or commercial overnight delivery service is used, send to:

Medical Research Service
Program Review Division (121F)
1400 Eye Street, NW
Suite 700
Washington, DC 20005
(202) 408-3630

9. QUESTIONS AND INQUIRIES: The PI may contact a MRS Program Specialist with questions specifically related to the research proposed or to be proposed in the application. The ACOS/R&D should make the contacts with other MRS staff.

SUPPLEMENTAL INSTRUCTIONS FOR SUBMITTING AN EPIDEMIOLOGY RESEARCH PROPOSAL

1. Applications should be complete at the time of submission and shall comply with all the guidelines for submitting MRS MERIT proposals with the following modifications:

a. If an Epidemiologist and/or a Statistician are required for the project, they should be identified in the personnel section of the budget, and their role clearly delineated in the budget justification section.

b. The budget section should detail the cost of enrolling subject groups for the project.

c. The Narrative section of the proposal should address the following issues:

(1) In the Background section, the significance of the problem investigated to veterans' health and the VA research priority areas should be clearly described.

(2) In the Work Accomplished section, the proposal should provide:

(a) Pilot data demonstrating cooperation between investigators in attaining various samples needed for the project. This is particularly important if more than one investigator is involved in the project.

(b) Data demonstrating the feasibility of interaction between investigators at the various study sites.

(3) In the Work Proposed section, the narrative should include:

(a) The experimental design of the project including description of various comparison groups.

(b) Subjects recruitment strategies, if applicable, including control groups. Describe the criteria to be used for subject selection; the criteria for assignments to various study groups; and the number of subjects expected to be recruited each year until the conclusion of the study.

(c) A statistical analysis section that describes the statistical approach to the questions being investigated including power analysis calculations of sample size and other comparative measurements. The proposal should detail how various data measures will be categorized and assessed.

d. A copy of the LOI approval notification shall be included as the first letter in the Approvals section of the application.

SUPPLEMENTAL INSTRUCTIONS FOR SUBMITTING A CLINICAL RESEARCH PROPOSAL

1. Applications shall be complete at the time of submission and shall comply with all of the guidelines for submitting MERIT proposals with the following modifications:

a. In the personnel section, a statistician to be associated with the project should be identified and the statistician's role should be clearly delineated. A letter from the statistician, describing his/her role in the study design and analysis should be included in the Administrative Issues section, following the letters of endorsement.

b. The budget should contain a line item for costs of study safety monitoring.

c. The Narrative should address the following issues:

(1) In Background section, include references to meta-analysis studies, if appropriate. If the study involves the use of drugs, pertinent pharmacological and toxicological data should be summarized with appropriate documentation.

(2) As appropriate, the following items should be included in the Work Proposed section:

(a) An experimental design of the study, including descriptions of comparison groups and control measures;

(b) A flowchart of basic study design;

(c) Subject (patient) recruitment, selection criteria, and method of assignment to comparison groups.

(d) Intervention and/or methods of treatment including, if appropriate, method of randomization, provision for double-blinding and breaking the blind;

(e) Methods of follow-up and methods of assuring uniformity of the intervention;

(f) Outcome measurements including any specialized rating scales;

(g) A schedule of observations and laboratory tests;

(h) Sample size issues including the assumptions used to determine number of subjects required, expected drop out rates and procedures for analyzing the data with respect to the drop outs, duration of subject intake period, number of participating medical centers, and description of other studies that could compete for subjects; and

(i) Statistical analysis section that describes how the major hypothesis or research questions will be tested, including the specification of major endpoints. Studies should be powered to achieve clinically meaningful outcomes, not just statistically significant outcomes.

(j) Immediately following the Narrative, in a section titled "Safety and Monitoring," the plans for monitoring the safety of participants and the accuracy and integrity of the data shall be detailed. For multi-site projects, describe any quality assurance procedures including plans for auditing or monitoring clinical site practices. A data monitoring board (DMB) equivalent (which may consist of one individual) must be proposed at the time of submission. The responsibility of the DMB is to review the progress of the study for safety and efficacy at least every 6 months with a recommendation to the local IRB to either continue or terminate the trial. Personnel involved in any aspect of the study may not serve on the DMB.

(k) A copy of the LOI approval letter should be included as the first letter in the Approvals section of the application.

LETTER OF INTENT FOR THE EPIDEMIOLOGY RESEARCH PROGRAM

1. The LOI shall consist of single-spaced typed pages. Use only letter-quality print. All text must be prepared with at least 11-point font, with no more than 15 characters per inch and no more than 6 lines per inch. Page margins must be a minimum of 1 inch at each edge. LOIs failing to follow these requirements and/or exceeding the page limitations will be withdrawn without review.

2. Each LOI shall include the following materials in the order specified:

a. Department of Veterans Affairs (VA) Form 10-1313-13, VHA Research and Development Letter of Intent Cover Page. In block 1, check Medical Research Service. In block 3, check Response to Specific Announcement and specify Epidemiology Research Program. In subsequent blocks, provide the title of the project (not to exceed 72 characters including spaces); name of PI; social security number, e-mail address, VA position title; percent VA effort (8ths); and the other requested information.

b. The LOI text shall be no more than 2 pages and shall contain the following information (place the name of the PI at the top of each page):

(1) Title of proposed research

(2) Objective(s) of the proposed research.

(3) Importance of the study to VA and its patients.

(4) The scientific background and preliminary data that support the validity of the study.

(5) Description of the proposed study design, including the following items:

(a) Description of study populations, if applicable;

(b) Subject recruitment procedures, if applicable;

(c) Description of sampling methods;

(d) Description of experimental measures to be evaluated, methods of procedure and links between data and proposed measures;

(e) Any follow-up procedures, if applicable;

(f) General analytic plan including statistical analysis;

(g) Description of the feasibility of completing the study at the proposed site; and

(h) Resources available to the project and estimated duration of the study.

c. The PI shall sign the LOI. The Associate Chief of Staff for R&D and the Medical Center Director acknowledge endorsement of the LOI by signing VA Form 10-1313-13.

d. VA Forms 1313-5, 6, and 8 for the PI are to be appended to the LOI.

e. A letter to exceed budget limits (Appendix F) shall be included with any LOI requesting an annual budget over $150,000, exclusive of non-clinician PI salary and equipment, or an equipment request totalling more than $50,000. Provide a justification based on the topic, the nature of the study, unusual resource requirements, or other special considerations. Do not include study information that is redundant to the LOI.

3. LOIs are considered incomplete and may not be reviewed if they are not submitted in accordance with the established procedure.

4. LOI notification of approval grants permission to submit a full application during the three consecutive review cycles immediately following its approval.

5. **Due Dates**. MRS accepts EPIM LOIs throughout the year. LOIs received by the last working day of any month will be reviewed during the following month. We encourage submission of LOIs as early as is possible. The last date for submitting an LOI is February 21 for a June 21 application receipt deadline and August 21 for a December 21 application receipt deadline respectively. LOIs received after these deadlines will be reviewed for the subsequent round.

6. Submit the original LOI plus 10 copies, reproduced back-to-back, to the following address:

a. If mailed through the U.S. Postal Service, send to:

Epidemiology Research Program LOI
Medical Research Service
Program Management Division (121E)
VA Central Office
810 Vermont Avenue, NW
Washington, DC 20420

b. If courier or commercial overnight delivery service is used, send to:

Epidemiology Research Program LOI
Medical Research Service
Program Management Division (121E)
Department of Veterans Affairs
1400 Eye Street, NW, Suite 400
Washington, DC 20005
Telephone (202) 408-3600

LETTER OF INTENT FOR THE CLINICAL RESEARCH PROGRAM

1. A Letter of Intent (LOI) shall consist of single-spaced typed pages. Use only letter-quality print. All text must be prepared with at least 11-point font, with no more than 15 characters per inch and no more than 6 lines per inch. Page margins must be a minimum of 1 inch at each edge. LOIs failing to follow these requirements and/or exceeding the page limitations will be withdrawn without review.

2. Each copy of the LOI should include the following materials in the order specified:

a. Department of Veterans Affairs (VA) Form 10-1313-13, VHA Research and Development Letter of Intent Cover Page. In block 1, check Medical Research Service. In block 3, check Response to Specific Announcement and specify Clinical Research Program. In subsequent blocks, provide the title of the project (not to exceed 72 characters including spaces); The PI's name, social security number, e-mail address, VA position title, percent VA effort (8ths), and the other requested information.

b. The LOI text shall be no more than 4 pages and contain the following information (place the name of the PI at the top of each page):

(1) Title of proposed research

(2) Objective(s) of the proposed research

(3) Importance of the study to VA and its patients

(4) Statements documenting the scientific background and preliminary data that support the viability of the study.

(5) Description of the proposed study design, including the following items:

(a) Study type descriptor: e.g., randomized or non-randomized clinical trial;

(b) Subject recruitment site(s);

(c) Description of base population and intervention or treatment groups to be studied and methods of randomization;

(d) Justification of endpoints to be evaluated, and procedures and links between questions, data, and endpoints;

(e) Data collection methods, intervals, and follow-up procedures;

(f) General analytic plan. Statistical analysis, sample size calculations;

(g) Description of the feasibility of completing the study at the proposed site; and

(h) Resources. Study duration and estimated annual and total costs with subtotals for personnel, consultants, equipment, supplies, and all other expenses categories.

c. References may be appended to the LOI (maximum one page)

d. The PI shall sign the LOI. The Associate Chief of Staff for R&D and the Medical Center Director acknowledge endorsement of the LOI by signing on VA Form 10-1313-13.

e. VA Forms 1313-5, 6, and 8 for the PI are to be appended to the LOI.

f. A letter to exceed budget limits (Appendix F) shall be appended to an LOI requesting an annual budget request over $150,000, exclusive of non-clinician PI salary and equipment, an equipment request totalling more than $50,000, a duration of more than 3 years, or the participation of more than one research facility. Provide a justification based on the topic, the nature of the study, unusual resource requirements, or other special considerations. Do not include study information that is redundant to the LOI.

3. LOIs are considered incomplete and may not be reviewed if they are not submitted in accordance with the established procedure.

4. Notification of LOI approval, grants permission to submit a full application during the three review cycles immediately following its approval. Resubmission of full proposals is by invitation only.

5. **Due Dates**. MRS accepts CLIM LOIs throughout the year. LOIs received by the last working day of any month will be reviewed during the following month. We encourage submission of LOIs as early as is possible. The last date for submitting an LOI is February 21 for a June 21 application receipt deadline and August 21 for a December 21 application receipt deadline respectively. LOIs received after these deadlines will be reviewed for the subsequent round.

6. Submit the original LOI plus 10 copies, reproduced back-to-back, to the following address:

a. If mailed through the U.S. Postal Service, send to:

Clinical Research Program LOI
Medical Research Service
Program Management Division (121E)
VA Central Office
810 Vermont Avenue, NW
Washington, DC 20420

b. If courier or commercial overnight delivery service is used, send to:

Clinical Research Program LOI
Medical Research Service
Program Management Division (121E)
Department of Veterans Affairs
1400 Eye Street, NW, Suite 400
Washington, DC 20005
Telephone (202) 408-3600

LETTER OF INTENT TO EXCEED BUDGET LIMITS FOR MERIT REVIEW PROGRAM PROPOSAL

1. In order to fund a reasonable number of MERIT applications, MRS has imposed budget limits. An approved letter of intent LOI is required for any Merit Review Award Program (MERIT) proposal that includes any of the following:

a. An annual budget exceeding $150,000 exclusive of non-clinician PI salary costs and equipment.

b. A total equipment request exceeding $50,000.

2. The LOI must clearly document costs and provide justification that the proposed study requires extraordinary funding consideration. Excessive budgets based on research that is too broad, is unfocused, or has too many hypotheses or specific objectives are inappropriate for special funding consideration. In such cases, the PI should consider limiting the scope of the proposal.

3. **Content of LOI**: A LOI shall not exceed the cover page and 3 single-spaced pages of text. Use only letter-quality print. All text must be prepared with at least 11-point font, with no more than 15 characters per inch and no more than 6 lines per inch. Page margins must be a minimum of 1 inch at each edge. LOIs failing to follow these requirements and/or exceeding the page limitations will be withdrawn without review.

a. **LOI Cover Page**. For Block 3 of the LOI cover page (VAF 10-1313-13), OTHER should be checked and "Budget" should be inserted in the blank. In subsequent blocks, provide the title of the project (not to exceed 72 characters including spaces), name of PI, social security number, e-mail address, VA position title, percent VA effort (8ths), and the other requested information.

b. LOI Text pages (3 pages or less). At the top of each text page, type the PI's name.

(1) Abstract of work proposed with the following headings:

(a) *Research objectives*. Outline precisely and clearly the goals of the planned project, including the hypothesis to be tested and the specific objectives of the project.

(b) *Background*. Indicate the scientific basis (rationale) for the proposed research and its relationship to other major research findings. Describe the significance of the research and its relevance to Research and Development priority areas, the mission of the Department of Veterans Affairs health care system, and the general research effort of the applicant health care facility.

(c) *Project design and methods*. Briefly define and describe the approach to the research.

(2) Provide a budget to complete the proposed project. Include annual and total costs and specify major elements of the personnel, equipment, consultants, supplies, and all other expenses categories.

(a) Justify each category.

(b) For the equipment category, the justification should include a discussion of why the equipment is needed and why existing equipment cannot be used. Describe the equipment used or to be used in the generation of pilot data for the research proposal.

(3) Explain why the project requires special funding consideration based on the topic, the nature of the study, unusual resource requirements, or other special considerations.

(4) Describe how the proposed study could be completed or modified if the request to exceed the funding limits is denied.

2. **LOI Submission**. MRS accepts LOIs throughout the year. LOIs received by the last working day of any month will be reviewed during the following month. We encourage submission of LOIs as early as is possible. The last date for submitting an LOI is February 21 for a June 21 application receipt deadline and August 21 for a December 21 application receipt deadline respectively. LOIs received after these deadlines will be reviewed for the subsequent round.

3. Submit the original LOI plus 10 copies, reproduced back-to-back, to the following address:

a. If mailed through the U.S. Postal Service, send to:

Merit Review Budget LOI
Medical Research Service
Program Management Division (121E)
VA Central Office
810 Vermont Avenue, NW
Washington, DC 20420

b. If courier or commercial overnight delivery service is used, send to:

Merit Review Budget LOI
Medical Research Service
Program Management Division (121E)
Department of Veterans Affairs
1400 Eye Street, NW, Suite 400
Washington, DC 20005
Telephone (202) 408-3600

REQUESTING ACCEPTANCE INTO MEDICAL RESEARCH SERVICE NON-CLINICIAN SCIENTIST INTRAMURAL CAREER PROGRAM

1. All new non-clinician PIs to be paid by the medical research and prosthetics appropriation must be accepted into the Medical Research Service (MRS) intramural program prior to submitting an application to MERIT, CLIM, EPIM, or in response to a request for proposals. A "new" PI is one who has not had any MERIT funding in the past 5 years. Acceptance into the MRS program is in addition to meeting the eligibility requirement (refer to VHA Handbook 1200.15) and the requirement to conduct research at a VA medical center or VA-approved site (refer to VHA Handbook 1200.16).

a. Any non-clinician wishing to submit a MERIT application subsequent to Merit Review Entry Program funding is considered a new PI and must request acceptance.

2. A request for acceptance into the program may be combined with a request for an exception to VA eligibility requirements or for an off-site waiver, if all of the issues are clear and the request contains all of the appropriate information (refer to VHA1200.15, 1200.16).

3. MRS must be informed of any change in laboratory location, geographic commitment, paid 8^{ths}, or VA employment status. A non-clinician PI wishing to transfer must send an acceptance request through the new facility.

4. A scientist whose application for acceptance is denied or revoked may not be a PI on any MRS program.

5. Acceptance into the MRS intramural program is based upon the applicant's commitment and service to the VA medical center for at least a one-year period. The role may include working in another VA investigator's laboratory, collaborating or interacting with other VA investigators, helping train/mentor VA junior scientists, functioning as a resource for the research community, and serving on local VA research committees.

6. The following information shall be submitted:

a. Letter requesting acceptance into the MRS program endorsed by ACOS/R&D, Chief of Staff, and Medical Center Director. Be sure to include the applicant's name and social security number.

b. Description of current VA and/or affiliated university employment status including title, source of salary support, and current number of VA eighths employed. Include a statement of how an applicant's appointment will change if the proposal is funded. ***Note****: a PI may not be placed on an IPA.*

c. Specific location of office and laboratory.

d. Description of applicant's activities at the VA medical center, including research, teaching, mentoring, administration, and any clinical care activities.

e. Applicant's research funding history.

f. Medical center ratio of the number of funded clinicians, including without compensation (WOC) employees doing research at the medical center to funded non-clinicians (include all sources of funding (government, private, industry, etc.).

g. **Curriculum Vitae**. Must include current VA appointment (VA-Paid or WOC) and previous service to VAMC.

7. **Evaluation**. Applicants will be evaluated to determine if they meet the intent of the intramural program by contributing to the research service over and above the requirements of their personal research program. Over the course of their VA careers, non-clinician PIs will be re-evaluated for their VA career track advancement in the intramural program (e.g., MERIT resubmissions and Medical Research Scientist Program
(refer toVHA Handbook 1202.4).

8. **Due Dates**. MRS accepts requests throughout the year. Requests received by the last working day of any month will be reviewed during the following month. We encourage submission of requests as early as is possible. The last date for submitting a request is February 21 for a June 21 application receipt deadline and August 21 for a December 21 application receipt deadline respectively. Requests received after these deadlines will be reviewed for the subsequent round.

9. Submit the original application package plus three exact copies, reproduced back-to-back, to:

a. If mailed through the U.S. Postal Service, send to:

Permission to Submit
Medical Research Service
Program Management Division (121E)
VA Central Office
810 Vermont Avenue, NW
Washington, DC 20420

b. If courier or overnight delivery service is used, send to:

Permission to Submit
Medical Research Service
Program Management Division (121E)
Department of Veterans Affairs
1400 Eye Street, NW, Suite 400
Washington, DC 20005
Telephone (202) 408- 3600

PURVIEW OF MEDICAL RESEARCH SERVICE MERIT REVIEW SUBCOMMITTEES

1. ACRONYMS FOR SUBCOMMITTEES

AGCG = Aging and Clinical Geriatrics
CARD = Cardiovascular Studies
CLIN = Clinical Studies
ENDO = Endocrinology
EPID = Epidemiology
GAST = Gastroenterology
GMED = General Medical Science
HEMA = Hematology
IMMU = Immunology and Dermatology
INDI = Infectious Diseases
NEUC = Neurological Disorders C
NEUD = Neurological Disorders D
NEPH = Nephrology
PHAP = Pharmacology, Addiction and Pain
PSBD = Psychiatric and Behavioral Disorders
ONCO = Oncology
RESP = Respiration
SURG = Surgery

2. SUBCOMMITTEES

a. **Aging And Clinical Geriatrics (AGCG)**. The Subcommittee for Aging and Clinical Geriatrics reviews proposals on the physiologic aspects of the aging process and on the management and clinical aspects of diseases highly prevalent in the elderly. Studies on disease prevention in the elderly including vaccination, nutrition, exercise physiology, and behavioral modification are also reviewed. Specific geriatric syndromes that are reviewed include incontinence, constipation, falls, gait and balance disorders, and frailty. Other areas include pharmacology and pharmacokinetics in the elderly, osteoarthritis in the elderly, management of dementia and depression, and sleep disorders unique to the elderly.

b. **Cardiovascular Studies (CARD)**. The Subcommittee for Cardiovascular Studies reviews proposals on the etiology, pathogenesis, diagnosis, and treatment of diseases and disorders of the heart and vascular system. This Subcommittee reviews studies on the etiology and pathogenesis of idiopathic hypertension while the NEPH Subcommittee reviews nephrogenic hypertension and ENDO reviews endocrine hypertension. Neurobiology Subcommittees review studies of innervation and neural control of the heart. The PSBD Subcommittee reviews behavioral control of hemodynamics and cardiac performance.

c. **Clinical Studies (CLIN)**. The Subcommittee for Clinical Studies reviews proposals that are focused on clinical outcomes in human subjects that require special attention to human studies concerns including safety issues, appropriate populations, and adequate statistical power to obtain meaningful results. These are generally single-site or small multi-site studies designed to assess the potential effects of therapeutic interventions on intermediate physiological measures or studies aimed at definitive clinical outcomes. An approved Letter of Intent is required for review by this Subcommittee.

d. **Endocrinology (ENDO)**. The Subcommittee for Endocrinology reviews applications on the biology, physiology, molecular biology, and genetics of regulation of all endocrine organs and their products (e.g., insulin, glucagon, corticosteroids, and sex hormones). The etiology, pathogenesis, diagnosis, and treatment of diseases associated with endocrine abnormalities (e.g., diabetes, Cushing's syndrome, hyperthyroidism, and obesity) and bone and mineral metabolism (cell biology of bone formation and resorption, osteoporosis, vitamin D and calcium studies) are also reviewed.

e. **Epidemiology (EPID)**. The Subcommittee for Epidemiology reviews applications that employ a population based approach to investigate the prevalence, etiology, and mechanisms of diseases and disorders prevalent in Veterans. This Subcommittee also reviews studies that exploit the efficacy of modern diagnostic, preventive and treatment strategies. MRS is particularly interested in the molecular epidemiology of chronic diseases. An approved Letter of Intent is required for review by this Subcommittee.

f. **Gastroenterology (GAST)**. The Subcommittee for Gastroenterology reviews applications on the biology and physiology of the gastrointestinal (GI) system and associated organs such as liver, spleen, gallbladder, and pancreas. Studies on GI motility, regulation of GI secretion, digestion, nutrition, and absorption are examples. This Subcommittee also reviews studies focusing on the etiology, pathophysiology, diagnosis, and treatment of diseases of the GI system, including premalignant conditions, and on target organ damage. Also reviewed are studies assessing the effects on GI function produced by immunologic, infectious, toxic, or carcinogenic agents.

g. **General Medical Sciences (GMED)**. The Subcommittee for General Medical Science reviews proposals on cellular or molecular biology, biochemistry, biophysics, or genetics that are not restricted to a particular disease process or organ system. Basic science approaches that relate to a particular organ system may be reviewed by the appropriate organ system Subcommittee.

h. **Hematology (HEMA)**. The Subcommittee for Hematology reviews proposals on the physiology of the cellular and non-cellular constituents of blood. The processes of hemostasis, thrombosis, blood coagulation, cell adhesion, hemocompatibility, hematopoiesis, and fibrinolysis are examples. Studies on the etiology, pathogenesis, diagnosis, and treatment of blood diseases such as leukemia, lymphoma, anemia, and thrombocytopenia are reviewed. Studies on normal and abnormal macrophage, platelet, and neutrophil functions are also reviewed.

i. **Immunology and Dermatology (IMMU)**. The Subcommittee for Immunology and Dermatology reviews proposals on the basic immunologic mechanisms involved in functions of the immune system. Studies on the etiology, pathogenesis, diagnosis, and treatment of autoimmune disease, immunodeficiency, immune-complex disorders, and diseases related to allergic or delayed hypersensitivity reactions are also reviewed. This Subcommittee reviews proposals on immunopharmacology, immunogenetics, and dermatological disorders of immunologic or unknown etiology, and immunology of organ transplantation. The ONCO Subcommittee reviews immunotherapy of cancer and tumor immunology. The INDI Subcommittee reviews the immune response to specific infectious agents and vaccine development.

j. **Infectious Diseases**. The Subcommittee for Infectious Diseases reviews proposals on the etiology, pathogenesis, diagnosis, and treatment of infectious diseases of man and relevant animal infection models. Areas of investigation include pathogenic mechanisms, host-defense mechanisms, immune responses to specific infectious agents, life cycles of the infectious agent, anti-microbial drug therapies, and vaccine development. The IMMU Subcommittee reviews studies on basic immunologic mechanisms that relate to all classes of infectious agents. The appropriate organ or system Subcommittee reviews studies on organ pathology associated with an infectious agent.

k. **Neurological Disorders C (NEUC)**. The Subcommittee for Neurological Disorders C reviews proposals on the etiology, pathogenesis, diagnosis, and treatment of diseases of the central and peripheral nervous systems. Proposals dealing with spinal cord and CNS injury, nerve regeneration and/or repair, pain, and sensory disorders are reviewed by this Subcommittee. Neuromuscular disorders, which are primary neurologic, primary muscular, or involve the neuromuscular junction are reviewed by the NEUC Subcommittee. The ENDO Subcommittee reviews neuroendocrinological studies focusing on the hypothalamic releasing factors, anterior or posterior pituitary hormones, or peripheral hormones such as cortisol.

l. **Neurological Disorders (NEUD)**. The Subcommittee for Neurological Disorders D reviews proposals on the etiology, pathogenesis, diagnosis, and treatment of diseases of the central and peripheral nervous systems. This Subcommittee reviews studies of neurodegeneration including Parkinson's disease, Alzheimer's disease, epilepsy, motor neuron disease, and myelin sheath disorders. Studies on the effects of ablation or pressure on neuronal function caused by CNS tumors are reviewed by this Subcommittee. Studies on neoplasms occurring in the nervous system are reviewed by the ONCO Subcommittee and studies on the surgical approach to CNS tumors are reviewed by the SURG Subcommittee. The ENDO Subcommittee reviews neuroendocrinological studies focusing on the hypothalamic releasing factors, anterior or posterior pituitary hormones, or peripheral hormones such as cortisol. Functional imaging of studies of neurodegenerative disease of the nervous system are reviewed by NEUD.

m. **Nephrology (NEPH)**. The Subcommittee for Nephrology reviews proposals on the etiology, pathogenesis, diagnosis, and treatment of diseases and disorders of the kidney. This Subcommittee reviews studies on end stage renal disease including peritoneal dialysis and renal function following transplantation. The ONCO Subcommittee reviews studies on carcinomas in the kidney. The SURG Subcommittee reviews studies on the surgical approaches to disorders of the kidney and genitourinary tract.

n. **Oncology (ONCO)**. The Subcommittee for Oncology reviews proposals on the etiology, pathogenesis, diagnosis, and treatment of various malignant conditions. Studies focusing on aspects of the oncogenic process including initiation, promotion, cancer progression, and metastasis are reviewed, as are aspects of therapy including chemotherapy, radiation therapy, immunotherapy, and gene therapy. HEMA reviews leukemias and lymphomas, while the effects of solid tumors on specific organ or system function is reviewed by the appropriate organ Subcommittee. SURG reviews surgical approaches to solid tumors.

o. **Pharmacology, Addiction And Pain (PHAP)**. The Subcommittee for Pharmacology, Addiction, and Pain reviews proposals on the pharmacology of drugs, i.e., pharmacokinetics, pharmacodynamics, metabolism and toxicology, the neurobiological, neuropharmacological, behavioral and genetic basis for addiction, tolerance, dependence, sensitization and craving of agents both licit and abused, pain mechanisms, analgesia and anesthesia. Other Subcommittees will review proposals that deal with the effects of agents on specific peripheral organs. For example, the GAST Subcommittee reviews alcoholic liver disease and the NEPH Subcommittee reviews the nephrotoxic effects of antirejection drugs. A neurobiology subcommittee may review proposals on pain if appropriate. The CLIN Subcommittee may review clinical trials on pain and addiction.

p. **Psychiatric and Behavioral Disorders (PSBD)**. The Subcommittee for Psychiatric and Behavioral Disorders reviews studies of the etiology, pathogenesis, diagnosis, and treatment of psychiatric and behavioral disorders including the psychoses, mood disorders, anxiety and stress disorders. The genetic, electrophysiological, structural, endocrine, and metabolic concomitants of human behavior and behavioral disorders are included, as are the animal models for these disorders. Studies on sleep disorders, as they relate to mood (e.g., seasonal affective disorder) or cognitive function, are reviewed. Structural and functional imaging of behavioral disorders are reviewed by this Subcommittee. The AGCG Subcommittee reviews studies on the management of dementia, cognitive decline, and age-related depression.

q. **Respiration (RESP)**. The Respiration Subcommittee reviews proposals on the etiology, pathogenesis, diagnosis, and treatment of diseases and disorders of the lung. Respiratory aspects of sleep disorders (sleep apnea), the effects of immunologic, infectious, carcinogenic, or toxic insults on the lung, and the effects of transplantation on pulmonary function are also reviewed.

r. **Surgery (SURG)**. The Surgery Subcommittee reviews proposals on the surgical aspects of cardiac, thoracic, orthopedic, vascular, pulmonary, gastrointestinal, renal, and genitourinary tract disorders. Complications of major surgery such as hemostasis, altered immunity, secondary infection, sepsis, multi-organ failure, and reperfusion injury are reviewed. The SURG Subcommittee reviews all aspects of physical trauma, wound healing, surgical nutrition, and burn treatment. Studies on surgical aspects of organ transplantation, organ transplant survival, and immuno-suppressive therapy are reviewed by this Subcommittee. Surgical approaches to peripheral and central nervous system lesions, and reconstructive surgery, ophthalmological, head and neck, ear, nose, and throat disorders are also reviewed. This Subcommittee reviews studies of impotence, dental studies including dental trauma, dental prostheses, structural and neoplastic disorders of the oral cavity. The INDI Subcommittee reviews microbiological aspects of dental and periodontal disease. The IMMU Subcommittee reviews immunologic aspects of organ transplantation.

MERIT REVIEW AWARD PROGRAM APPEAL PROCESS

1. PURPOSE OF THE APPEAL PROCESS. To ensure the fairness of the Merit Review process, Medical Research Service has a mechanism to formally appeal the recommendation of a Merit Review Subcommittee if the PI has evidence of serious flaws in the review of a Merit Review Award Program (MERIT) proposal. The appeal process is designed to uncover factual errors through reexamination by individuals not involved in the initial decision. The appeal process is entirely separate from the MERIT review process. The appeal must be regarding a decision that precluded funding. It is not intended as a means to resolve differences of scientific opinion between the applicant and the original reviewers, to adjust funding decisions, or to circumvent the peer review process.

2. BASIS FOR APPEAL. The Merit Review Subcommittee consensus as presented in the final Summary Statement is the only basis for an appeal.

a. An appeal may be made if the PI believes it can be demonstrated that the Subcommittee showed:

(1) Clear bias in the review process,

(2) That it missed relevant points, or

(3) That is seriously misunderstood or misinterpreted critical elements of the research proposal.

b. Issue(s) upon which the appeal is based must appear in the Summary Statement. If the same issue is raised in individual reviews, the individual review may also be included in the appeal.

c. Issues raised only in individual reviews may not form the basis of, or be part of, an appeal.

d. All information forming the basis of the appeal must have been part of the original proposal. Data obtained since the original submission of the proposal, additional information not included in the original proposal, explanations of material not clearly presented in the original proposal, and letters of support may not be included. If the investigator believes that the Subcommittee consensus was biased, such claim may be corroborated by evidence other than the Summary Statement.

e. The appeal process is completely separate from the merit review application process. The investigator's decision to submit a revised application should be made separately from the decision to appeal.

3. REVIEW OF AN APPEAL. The appeal letter, Summary Statement, and original proposal will be considered in the review of an appeal. The individual critiques of the proposal will only be considered if pertinent to the appeal. The review of an appeal will focus on the validity of the issues in the appeal letter. Reviewers, who were not part of the original scientific review, will be instructed to consider only the appeal issues. The PI will receive copies of the written reviews.

a. In considering the appeal review, Medical Research Service has the following options:

(1) Sustain the investigator's appeal. The proposed Merit Review program will then be administratively reviewed for funding based on scientific merit and programmatic priorities. A sustained appeal may or may not be funded.

(2) Deny the appeal.

4. APPEAL DOCUMENTATION

a. The appeal must be reviewed and approved by the local Research and Development (R&D) Committee, the ACOS/R&D, and the Medical Center Director.

b. Appeal documentation must include:

(1) A letter of approval from the Medical Center Director.

(2) A letter of approval from the R&D Committee. The Director's and R&D's letters may be combined as long as the Director and Chair, R&D sign it.

(3) The appeal letter signed by the PI and the ACOS/R&D. The appeal letter shall be no longer than five single-spaced pages, using only letter-quality print. All text must be prepared with at least 11-point font, with no more than 15 characters per inch and no more than six lines per inch. Page margins must be a minimum of one inch at each edge. Submissions failing to comply with these instructions will be withdrawn without review.

(4) The proposal Summary Statement.

(5) The individual reviews of the proposal.

(6) The complete proposal as originally submitted.

(7) If necessary, documentation to support a claim of bias, e.g., reprint of published work if referenced.

5. SUBMISSION OF AN APPEAL

a. Deadlines for receipt of appeals in Medical Research Service are February 21 following the fall cycle of Merit Review and August 21 following the spring cycle.

b. Submit the original and 10 copies of the appeal package, reproduced back-to back.

(1) If mailed through the U.S. Postal Service, send to:

Director, Medical Research Service (121E)
810 Vermont Ave, NW
Washington, DC 20420

(2) If courier or commercial overnight delivery service is used, send to:

Director, Medical Research Service (121E)
1400 Eye Street, NW
Suite 400
Washington, DC 20005
Telephone (202) 408-3600